

## Selection of Advisory Committee Members

Date \_\_\_\_\_

Director of Graduate Studies  
Department of Philosophy  
229 Major Williams Hall  
Blacksburg, VA 24061

Dear Sir:

I request that the following be appointed to serve on my M. A. committee:

1. \_\_\_\_\_, \_\_\_\_\_ Department
2. \_\_\_\_\_, \_\_\_\_\_ Department
3. \_\_\_\_\_, \_\_\_\_\_ Department

Sincerely,

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Identification Number

We consent to serve as committee members for this student.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Approved: \_\_\_\_\_  
Director of Graduate Studies