**AFRICAN STUDIES PROGRAM**

**APPOINTMENT OF MA ADVISORY COMMITTEE**

Please keep one copy for yourself, provide one copy for each committee member, and file the original with the African Studies Program

Name: Date:

University ID No.

MA Project or Thesis?

Anticipated Date of Graduation?

**Proposed Advisory Committee**

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| --- | --- | --- |
|  | Name, Department, e-mail address | Signature |
| Committee Chair and Representative from Research Area |  |  |
| Representative from Research Area |  |  |
| Director of Graduate Studies, ASP |  |  |
| Additional Member (optional) |  |  |