

**DEPARTMENT OF ENTOMOLOGY
GRADUATE ADVISORY COMMITTEE APPOINTMENT REQUEST**

TO: Dr. Terri Lomax, Dean
NCSU Graduate School
Box 7102

DATE: _____

FROM: Dr. Wes Watson, Director of Graduate Programs
Department of Entomology

Name of Student _____ Student ID # _____

Degree Objective _____ Thesis _____ Non-thesis _____

Proposed Minor _____

I am requesting that the following NCSU Graduate Faculty* members be approved to serve as the advisory committee for the above student. Each has been contacted and has agreed to serve. I understand that it is the department's responsibility to confirm this appointment with each committee member after approval, as indicated below by signature of the Dean of The Graduate School.

CHAIR: _____

Co-Chair (if applicable): _____

Minor Representative: _____

Other Members: _____

* Identification and full explanations are attached for any of the above who are not members of the NCSU Graduate Faculty

APPROVED:

Dr. Terri Lomax, Dean, NCSU Graduate School

Date: _____