

This Form **MUST** Be Typed

SOUTHEASTERN LOUISIANA UNIVERSITY  
**ADVISOR / COMMITTEE REQUEST FORM**

NAME: \_\_\_\_\_ Southeastern ID #: W  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(BOX-STREET) (CITY) (STATE) (ZIP)

DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

**Non-Thesis Master's Signatures:**

Typed Name

Signature

Major Advisor: \_\_\_\_\_

\_\_\_\_\_

Graduate Coordinator: \_\_\_\_\_

\_\_\_\_\_

**NAME OF COMMITTEE MEMBERS:**

**Thesis Master's or Doctorate Signatures:**

Typed Name

Signature

Major Professor: \_\_\_\_\_

\_\_\_\_\_

Co-Major Professor: \_\_\_\_\_

\_\_\_\_\_

Committee Member: \_\_\_\_\_

\_\_\_\_\_

Committee Member: \_\_\_\_\_

\_\_\_\_\_

Committee Member: \_\_\_\_\_

\_\_\_\_\_

Committee Member: \_\_\_\_\_

\_\_\_\_\_

Committee Member: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Program Graduate Coordinator Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Student Date

(Other necessary signature, e.g. Department Head/Dean)

\_\_\_\_\_  
Typed Name & Title

\_\_\_\_\_  
Date