



**School of Human Sciences
Master's Advisory Committee Membership**

Student Name: _____ **Date:** _____
TWU E-mail: _____ **Student ID:** _____

Program: Counseling & Development Child Development Child Life
 Family Studies Family Therapy

Committee Chair: _____ (Graduate Advisor)
Signature: _____ **Date:** _____

Committee Member 1: _____
Signature: _____ **Date:** _____

Committee Member 2: _____
Signature: _____ **Date:** _____

Dept. Chair Signature: _____ **Date:** _____

Note: Students should consult their major component's handbook for information on committee membership requirements.
In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.

Revised July 2024