

Appointment of DMA Guidance Committee

Student Information

Name _____ USCID _____

USC Email Address _____ Phone (_____) _____

Proposed DMA Guidance Committee (PRINTED NAMES ONLY)

The names of faculty advisors printed below must match those who have signed the academic field form and the two elective field forms in the student's GCI dossier.

Major Field: _____ Chair of Guidance Committee: _____

Major Field Advisor: _____

Academic Field: _____ Academic Field Advisor: _____

1st Elective Field: _____ 1st Elective Field Advisor: _____

2nd Elective Field: _____ 2nd Elective Field Advisor: _____

***IMPORTANT NOTE:** The Guidance Committee Chair and Major Field Advisor should review the student's entire GCI dossier before reviewing and signing this form.*

Signature of Major Field Advisor

My signature below indicates my endorsement of the proposed curriculum for all fields in this student's GCI dossier. I also agree to serve as a major field advisor on this student's DMA Guidance Committee.

Signature of Major Field Advisor: _____ Date: _____

Signature of Guidance Committee Chair

My signature below indicates my endorsement of the proposed curriculum for all fields in this student's GCI dossier. I also agree to serve as Chair of this student's DMA Guidance Committee.

Signature of Guidance Committee Chair: _____ Date: _____

Action of Graduate Advisory Committee

This student is recommended for continuation in the DMA program. The curriculum proposed in his/her GCI dossier is approved and the Guidance Committee proposed above is hereby appointed.

Conditions:

This student is not recommended for continuation in the DMA program.

Chair of Graduate Advisory Committee Date: _____