## FLORIDA INTERNATIONAL UNIVERSITY PSYCHOLOGY GRADUATE STUDIES Appointment of Initial Faculty Advisor and Initial Advisory Committee (PGS Form FA-IAC)

## ALL INFORMATION MUST BE TYPED

NAME				STUDENT #	
La	st First	Middle			
ADDRESS					
St	treet C	-	Zip Code HOME	E TEL. BUSINESS	
TEL,	E-MAIL				
DATE FIRST ENRO	OLLED AS DEGREE SEE	KING			
Faculty who holds I at least two other m Graduate Faculty, a	nembers of the developme and one of whom may be If they are not FIU Gradua	s. The student's Initial Ad ental program. All other co from outside the departme	visory Committee (IAC) ommittee members musent or school, but within	) must be compromised of st be members of the n FIU. Additional members	
Faculty Advisor		(Sian)			
				(Print)	
-	Highest Degree	Department	Date		
		(0)			
	(Sign)			(Print)	
	Highest Degree	Department	Date	(FIIII()	
Member		(Sign)			
Member				(Print)	
	Highest Degree	Department	Date		
Member	nber(Sign)				
Member				(Print)	
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	(Sign)			(Drint)	
Member		Department	Date	(Print)	
	riighest Degree	Department	Date		
COMMITTEE REQUESTED BY: Student Signature					
			Date		
	PROVED BY:				
	Chair/G	raduate Program Direc	tor Date		
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## DEADLINE: Sept.15, Year 1

The copy of this form submitted to the Psychology Graduate Studies must have all original signatures. PGS Form FAIAC Revised 05/08/05