

# Statistics Graduate Committee Member Request Form

Name _____			BYU ID _____	Date _____
Local Street Address _____			Major _____	
City _____	State _____	Zip _____	Degree Sought _____	
Telephone # _____			Program Type (THS, PRJ, NON) _____	Minimum Hours Required _____
Email Address _____			Year Admitted _____	Anticipated Graduation Date _____

## Expectations

What specific knowledge or expertise do you expect from a Statistics Department committee member?

Please list any Math or Statistics courses you have taken or plan to take:

## Declaration and Approval

Student Signature _____	Printed Name _____	Date _____
Committee Chair Signature _____	Printed Name _____	Date _____
Major Dept. Graduate Coordinator or Department Chair Signature _____	Printed Name _____	Date _____
Statistics Committee Member Signature _____	Printed Name _____	Date _____
Statistics Graduate Coordinator or Department Chair Signature _____	Printed Name _____	Date _____

### For Office Use Only

Database _____	ADV07 _____
Email List _____	ADV08 _____