

APPOINTMENT OF DOCTORAL COMMITTEE

The following have agreed to serve on the Doctoral Committee of:

(Student's Name) (Program) (Date)

(Address) (Telephone work/home)

COMMITTEE MEMBERS:

Chair: Co-Chair: (Circle one)

(Faculty Name) (Program) (Signature) (Date)

Co-Chair: Member: (Circle one)

(Faculty Name) (Program) (Signature) (Date)

Member:

(Faculty Name) (Program) (Signature) (Date)

APPROVAL:

(Director, Doctoral Programs) (Program Director)

- Copies to: Student
Dissertation Chair
Director, Doctoral Programs
Program Director
Advisor

