



APPOINTMENT OF DOCTORAL DISSERTATION COMMITTEE

Please Choose One: New appointment of committee Change of committee member(s)

STUDENT INFORMATION

Name

Banner ID

Program Name

Department

Date

Proposed Dissertation Committee:

		Graduate Faculty	If Applicable Membership Approved
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Print Name</i>	<i>Department</i>		
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Print Name</i>	<i>Department</i>		
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Print Name</i>	<i>Department</i>		
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Print Name</i>	<i>Department</i>		
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Print Name</i>	<i>Department</i>		
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Print Name</i>	<i>Department</i>		

DOCTORAL PROGRAM COMMITTEE RECOMMENDATIONS

We recommend that the Dissertation Committee be approved We do not recommend that the Dissertation Committee be approved

Print Name

Date

Department Chair, Signature

Print Name

Date

Associate Dean of the College, Signature

Print Name

Date

THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby Approve Deny the request.

Vice Provost and Dean of the Graduate School, Signature

Date