



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
_____ <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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