



APPOINTMENT OF DOCTORAL DISSERTATION COMMITTEE

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

STUDENT INFORMATION

Name

Banner ID

Program

Date

Proposed Dissertation Committee:

Select from drop-down:

Select	_____ <i>Print Name</i>	Select	_____ <i>Department</i>
Select	_____ <i>Print Name</i>	Select	_____ <i>Department</i>
Select	_____ <i>Print Name</i>	Select	_____ <i>Department</i>
Select	_____ <i>Print Name</i>	Select	_____ <i>Department</i>
Select	_____ <i>Print Name</i>	Select	_____ <i>Department</i>
Select	_____ <i>Print Name</i>	Select	_____ <i>Department</i>

DOCTORAL PROGRAM COMMITTEE RECOMMENDATIONS

Select

Print Name

Date

Department Chair, Signature

Print Name

Date

Associate Dean of the College, Signature

Print Name

Date

THE GRADUATE SCHOOL

Vice Provost and Dean of the Graduate School, Signature

Date