



APPOINTMENT OF DOCTORAL DISSERTATION COMMITTEE

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

STUDENT INFORMATION

Name

my UTSA ID

Department

College

Date

PROPOSED DISSERTATION COMMITTEE

Chair, Signature

Print Name

Department

Graduate Faculty
 Yes No

If Applicable Membership Approved
 Yes No

Member, Signature

Print Name

Department

Yes No Yes No

Member, Signature

Print Name

Department

Yes No Yes No

Member, Signature

Print Name

Department

Yes No Yes No

Outside Member, Signature

Print Name

Department

Yes No Yes No

Supervising Professor, Signature

Print Name

Department

Yes No Yes No

DOCTORAL PROGRAM COMMITTEE RECOMMENDATIONS

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

Department Ph.D. Advisor, Signature

Print Name

Date

Chair, Doctoral Program Committee, Signature

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