

Form should be received at least three (3) months prior to defense

Date: _____

To: Graduate School

From: _____ Dissertation Advisor

Department of _____

Subject: Doctoral Dissertation Committee Selection/Recommendation

The following committee is hereby recommended as the Doctoral Dissertation Advisory Committee*

_____ ID: _____
(Student's Full Name)

_____ (Department)

Graduate Faculty Status

Category (GS use)

_____ Dissertation Advisor

_____ Committee Member

_____ Committee Member

_____ Committee Member

_____ Committee Member

_____ Committee Member

_____ Committee Member

_____ Committee Member

_____ Committee Member/Outside Rep. B Department

Approved:

_____ Graduate School Approval Date