

PhD Dissertation Advisory Committee

Student name: _____ Student ID #: _____

E-mail address: _____

PhD Program Name: _____

Department: _____

Date: _____

The following faculty has agreed to serve on the PhD Dissertation Advisory Committee for the student indicated above:

Committee Chair: _____ Signature: _____

Committee Member	Department/Organization	Signature

Approved by program Ph.D. coordinator: _____

Department Chair or Representative: _____ Signature: _____