

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	_____	_____
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_____ Committee Member	_____	_____
_____ Committee Member/Outside Rep. B Department	_____	_____

Approved:

_____ Date

Graduate School Approval