

DISSERTATION COMMITTEE APPOINTMENT FORM

Tentative Dissertation Title

Candidate (Print/Type)	Candidate Signature	Student ID
------------------------	---------------------	------------

Candidate Email	Date
-----------------	------

Dissertation

Committee Chair:	Name	Signature
------------------	------	-----------

Co-Chair (if any):	Name	Signature
--------------------	------	-----------

Methodologist:	Name	Signature
----------------	------	-----------

Dissertation

Committee Members:	Name	Signature
	Name	Signature
	Name	Signature

Attach current vita for any non-School of Education committee member.

Approved:

Committee Chair Signature	Date
---------------------------	------

Committee Co-Chair Signature	Date
------------------------------	------

The Dissertation Committee Chair's signature on the form signifies that the chair has confirmed that each member of the committee has agreed to serve on the committee.

DENIED ☐ APPROVED ☐

Doctoral Program Director Signature	Date
-------------------------------------	------

DENIED ☐ APPROVED ☐

Associate Dean Signature	Date
--------------------------	------