

# PHD PROGRAM

## Doctoral Dissertation Committee (Five-Member Committee)\* Form

Student's Name \_\_\_\_\_ ID \_\_\_\_\_

Field of Study \_\_\_\_\_ Date \_\_\_\_\_

Name (Typed or printed)	Date	Signature
Chair		
University Representative (Required)		

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Graduate Chair

\_\_\_\_\_  
Date

\*Minimum of three (3) from department