

This form must be completed and returned to the program coordinator before registering for dissertation hours.

Student Name:	UTA ID:
Revised Committee (check one): <input type="checkbox"/> No <input type="checkbox"/> Yes	
Student Signature:	Date:

By signing this form, the committee members below agree to the following statements:

1. I agree to serve as a Dissertation Committee Member for the student listed above.
2. I agree to provide written and verbal feedback ton the dissertation proposal and final document.

Printed Name of Proposed Committee Member	Department of Proposed Committee Member	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures below indicate the approval of the above recommendation:

Printed Name	Signature	Date
Dissertation Committee Chair/Co-Chair	_____	_____
Co-Chair (if applicable)	_____	_____
HEALOS Committee of Graduate Student Chair	_____	_____
_____	_____	_____

For College of Education Use Only	
Based on the recommendation above, the Dissertation Committee Members are approved .	
Dean or Dean's Designee -College of Education	Date