

Dissertation Committee Approval Form

Student Name: _____

Date Comprehensive Examination was Passed: _____

Anticipated Semester of Graduation: _____

_____	_____	_____
Chairperson/Advisor	Signature	Date

_____	_____	_____
Co-Chairperson (If Desired)	Signature	Date

_____	_____	_____
Member (External)	Signature	Date

_____	_____	_____
Member	Signature	Date

_____	_____	_____
Member	Signature	Date

Approval of Ph.D. Director:

_____	_____	_____
Ph.D. Director	Signature	Date