



Professional Doctoral Committee

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

Student's Signature: _____ Date: _____

Note

The committee chair must have group I graduate faculty status. At least one member of the committee must have group I or II graduate faculty status. Other committee members may be assigned without graduate faculty status.

Committee Members

(Please type or print FULL NAME. Example: Jane R. Doe)

(Please NOTE if ex-officio or off campus member)

(If adding or removing one or more members, only that signature needed along with the committee chair and department chair/head)

_____ CHAIR _____ add remove
Please PRINT full name signature required

_____ add remove
Please PRINT full name signature

_____ add remove
Please PRINT full name signature

_____ add remove
Please PRINT full name signature

_____ add remove
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_____ add remove
Please PRINT full name signature

Department Chair/Head
Or Program Director: _____ Date: _____

Approved: _____ Date: _____
Office of the Graduate Dean

This form is to be submitted to the Graduate School as soon as the committee has been selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of the Graduate School.