



Form should be received at least three (3) months prior to defense

Date: \_\_\_\_\_

To: Graduate School

From: \_\_\_\_\_ Dissertation Advisor

Department of \_\_\_\_\_

Subject: Doctoral Dissertation Committee Selection/Recommendation

The following committee is hereby recommended as the Doctoral Dissertation Advisory Committee\*

\_\_\_\_\_ ID: \_\_\_\_\_  
(Student's Full Name)

\_\_\_\_\_ (Department)

Graduate Faculty Status

Category (GS use)

\_\_\_\_\_ Dissertation Advisor

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ B Department  
Committee Member/Outside Rep.

Approved:

\_\_\_\_\_ Date  
Graduate School Approval