

**REQUEST FOR DOCTORAL DISSERTATION COMMITTEE APPROVAL**

INSTRUCTIONS: Each dissertation committee must consist of a minimum of 5 individuals. A majority of the committee members must be “regular” members of the graduate faculty (if any doubt, see Jennifer or Valerie to determine this). **THIS FORM MUST BE SIGNED BY THE DISSERTATION ADVISOR and/or CHAIRPERSON TO DEMONSTRATE APPROVAL OF THE COMPOSITION OF THE COMMITTEE.** It should then be returned to Jennifer or Valerie for processing.

STUDENT’S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**PROPOSED COMMITTEE MEMBER**

**GRADUATE FACULTY STATUS  
(regular or fixed term)**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

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4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

[Exceeding 5 members is optional.]

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

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**PLEASE SIGN:**

**The above list has been reviewed with the student and it has my approval.**

**Dissertation Advisor:** \_\_\_\_\_

**Committee Chairperson (if different):** \_\_\_\_\_