



Committee Member Approval Form

Student: Please complete and return form to the Program Coordinator with advisor signatures.

Student Name _____ Student ID# U _____

Class: _____

Date: _____

Dissertation topic/title _____

I have been requested by the candidate and hereby agree to serve on the dissertation committee and will be present at the defense.

Committee Advisor Signature _____ Date _____

Committee Member Signature _____ Date _____

Committee Member Signature _____ Date _____

Office Use Only

Date Processed _____ By _____