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## Ph.D. in Computer Science

Goldstein Academic Center 861 Bedford Road Pleasantville, NY 10570

## Committee Member Approval Form

Student: Please complete and return form to the Program Coordinator with advisor signatures. Student Name\_\_\_\_\_ Student ID# U\_\_\_\_\_ 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\_\_\_\_\_