



DOCTORAL DISSERTATION COMMITTEE FORM

Name _____ I.D _____ Emphasis _____
Email _____ Phone _____
Advisor Name _____

Date: _____

Table with 2 columns: Name (please print) and Signature. Rows 1-5 with sub-labels: (Chairperson), (Outside Attallah College), (Optional), (Optional).

Action of the Ph.D. Program Director:

The above action is:

Approved Denied Date _____ Signature _____

Remarks:

Large rectangular box for remarks.

Date: _____

Revised Doctoral Dissertation Committee (if amended)

Table with 3 columns: Name (please print), Signature, Reason for Amendment. Rows 1-5 with sub-labels: (Chairperson), (Outside Attallah College), (Optional), (Optional).

Action of the Ph.D. Program Director:

The above action is:

Approved Denied Date _____ Signature _____

Remarks:

Large rectangular box for remarks.