

DISSERTATION EXAMINATION COMMITTEE APPROVAL FORM



Student Name: _____

Proposed Academic Term of Dissertation Defense: _____

The above-named student's Dissertation Examination Committee will consist of:

	Advisor	Chair	Core	Reader
_____ Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Institution				
_____ Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Institution				
_____ Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Institution				
_____ Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Institution				

Approval of DGS _____ Date _____

Approval of Advisor/Co-Advisor _____ Date _____

Approval of Advisor/Co-Advisor _____ Date _____