

# Appointment of Doctoral Dissertation Committee or DNP Scholarly Project Committee



Student Name:

800 #:

Degree/Major:

Proposed Topic:

Signature:

Date:

I am revising my committee

The Graduate School may select the Graduate Faculty Representative for my committee

## Dissertation Committee or DNP Scholarly Project Committee Signatures:

### Chair

Name:

Signature:

### Member

Name:

Signature:

### Member

Name:

Signature:

### Member

Name:

Signature:

### Member

Name:

Signature:

### Graduate Faculty Representative

Name:

Signature:

### Graduate Program Director

Name:

Signature:

**\*Committee members must hold a faculty appointment in the Graduate School**

GS Approval:  Date: