

FORMATION OF A DOCTORAL ADVISING COMMITTEE

The signatures appearing below indicate that the following faculty have agreed to be on a Doctoral Advising Committee for:

Student's Name _____

COMMITTEE:

Name _____ Signature _____
(chair)

Name _____ Signature _____

Name _____ Signature _____

Please submit this form to Tabitha after all signatures have been collected.

Date Submitted _____