

## REQUEST TO APPOINT PH.D. COMMITTEE

IMPORTANT: Prior to committee appointment, this form should be delivered to the department or program office. The form is to be <u>signed by the Director of Graduate Studies</u>, copied for the department or program file, and forwarded to the Graduate School, 117 Alumni Hall.

Members of the Committee  Please Type Name:	ΓΟ: Associate Dean of the Gra	duate School		
(Student's Name)   (Student's I.D. Number)   in				
(Student's I.D. Number)  in	This is to request the appointm	ent of the following	Ph.D. committee for:	
(Student's I.D. Number)  in				
in	(Student's Name	e)		
with	(Student's I.D. N	Number)		
with	in			
Is adviser a member of the Ph.D. committee? Yes No s being appointed to the following Ph. D. committee.  Members of the Committee Please Type Name: Department:				
s being appointed to the following Ph. D. committee.  Members of the Committee  Please Type Name:				
Members of the Committee  Please Type Name:	Is adviser a me	mber of the Ph.D. co	ommittee? Yes	No
Members of the Committee  Please Type Name:				
Please Type Name: Department:  , Chair  Director of Graduate Studies:	s being appointed to the foll	owing Ph. D. comr	nittee.	
, Chair  Oirector of Graduate Studies:	Members of the Committee			
Director of Graduate Studies:	Please Type Name:		Department:	
		, Chair		
Director of Graduate Studies:  Signature  Date				
Signature Date	Director of Graduate Studies:			
		Signature		Date

**Printed Name**