

**SELECTION OF SUPERVISING COMMITTEE  
FOR DISSERTATION**

Name: \_\_\_\_\_ ID Number: 1000 \_\_\_\_\_  
Semester/Year Admitted: \_\_\_\_\_

I hereby request that the faculty members indicated below whose consent I have obtained be tentatively designated as the supervising committee for my dissertation

The tentative title is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name

Signature

Supervising Chair

\_\_\_\_\_

Committee Member

\_\_\_\_\_

Committee Member

\_\_\_\_\_

Committee Member

\_\_\_\_\_

Committee Member

\_\_\_\_\_

Committee Member

\_\_\_\_\_

Printed Name of Student

Signature of Student

Date

\_\_\_\_\_