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