

REQUEST FOR APPOINTMENT OF PERMANENT DOCTORAL COMMITTEE D2

This form should be completed after completion of the Diagnostic Exam and before the student has completed 15 semester hours of graduate work.

DATE SUBMITTED _____

NAME _____

ADDRESS _____ TELEPHONE _____

_____ LUID# _____

STUDENT SIGNATURE _____

PROPOSED COMMITTEE

COMMITTEE CHAIR: _____
NAME (Print or Type) SIGNATURE

CO-CHAIR (If Applicable): _____
NAME (Print or Type) SIGNATURE

MEMBER _____

MEMBER _____

MEMBER _____

MEMBER _____

DEPARTMENT CHAIR

DEAN, COLLEGE OF ENGINEERING

DEAN, COLLEGE OF GRADUATE STUDIES

DATE _____

DATE _____

DATE _____