DISSERTATION CHAIR APPOINTMENT FORM

_____

Tentative Dissertation Title

_____

Candidate (Print/Type) Candidate Signature Student ID

_____

Candidate Email Date

Chair: _____

Co-Chair (if any): _____

Approved:

_____

Committee Chair Signature Date

_____

Committee Co-Chair Signature Date

DENIED ☐ APPROVED ☐ _____

Doctoral Program Director Signature Date

DENIED ☐ APPROVED ☐ _____

Associate Dean Signature Date