

Last Name		First Name, Middle N	ame	UID	
I request approval of the following committee:					
				New	
Student Signature		Date		Modification	
(The following signatures indicate agreement to serve on this student's committee)					
Dissertation Director	Name		Signature		Date
Committee Member	Name		Signature		Date
Committee Member	Name		Signature		Date
Committee Member	Name		Signature		Date
Committee Member	Name		Signature		Date
Committee Member	Name		Signature		Date
Approval of Dissertation Committee					
Interim Department Chair	Brian Rigling, Ph.D.		Signature		Date
Program Director	Josh Ash, Ph.D.		Signature		Date
Dean, CECS	Brian Rigling, Ph.D.		Signature		Date
Dean, Graduate School	Barry Milligan, Ph.D.		Signature		Date