



ESTABLISHMENT OF DOCTORAL COMMITTEE

As required by graduate policy (2.3.1), the following advisory committee is established for the student named on this form.

NAME Last First Middle DATE

FIELD OF STUDY STUDENT ID NO.

DEGREE PROGRAM MAJOR CODE

TITLE OF DISSERTATION

Blank lines for additional information

COMMITTEE MEMBER NAME COMMITTEE MEMBER DEPARTMENT COMMITTEE MEMBER SIGNATURE

Major Adviser Academic Unit Signature

Outside Member Academic Unit Signature

Other Member Academic Unit Signature

Other Member Academic Unit Signature

Other Member Academic Unit Signature

Other Member Academic Unit Signature

STUDENT SIGNATURE DATE

COMMENTS

APPROVALS / CONFIRMATION

APPROVED Academic Unit Head DATE

Document Reviewed Office of Graduate Programs DATE

APPROVED Director, Graduate Programs DATE

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