FLORIDA TECH

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 _____ DATE _____
Last First Middle

FIELD OF STUDY _____ STUDENT ID NO. _____

DEGREE PROGRAM _____ MAJOR CODE _____

TITLE OF DISSERTATION _____

_____

_____

COMMITTEE MEMBER NAME	COMMITTEE MEMBER DEPARTMENT	COMMITTEE MEMBER SIGNATURE
Major Adviser _____ *Type / Print Clearly*	*Academic Unit* _____	*Signature* _____
Outside Member _____ *Type / Print Clearly*	*Academic Unit* _____	*Signature* _____
Other Member _____ *Type / Print Clearly*	*Academic Unit* _____	*Signature* _____
Other Member _____ *Type / Print Clearly*	*Academic Unit* _____	*Signature* _____
Other Member _____ *Type / Print Clearly*	*Academic Unit* _____	*Signature* _____
Other Member _____ *Type / Print Clearly*	*Academic Unit* _____	*Signature* _____

STUDENT SIGNATURE _____ DATE _____

COMMENTS

APPROVALS / CONFIRMATION

APPROVED _____ *DATE* _____
Academic Unit Head

Document Reviewed _____ *DATE* _____
Office of Graduate Programs

APPROVED _____ *DATE* _____
Director, Graduate Programs