

DISSERTATION ADVISORY COMMITTEE APPROVAL

STUDENT NAME _____	DATE _____
DEPARTMENT _____	MAJOR SUBJECT _____
STUDENT ID _____	STUDENT E-MAIL _____

PROPOSED COMMITTEE MEMBERS

Signature as Agreement to Serve on Committee

Printed Name, Principal Advisor	Signature	Department
Printed Name	Signature	Department
Printed Name	Signature	Department
Printed Name	Signature	Department
Printed Name	Signature	Department

Dissertation Advisory Committee requires 4 members.

If recommending someone not on the CEHD Graduate Faculty, or a Faculty member at the University of Louisville,
attach a current curriculum vitae and a letter to the Asst. Dean of Graduate Studies
explaining why this person is being asked to participate.

The above-named Faculty members are hereby appointed to act as the
Dissertation Advisory Committee for the student named above.

Department Chair	Date
Assistant Dean of Graduate Studies	Date