

UNIVERSITY OF LOUISVILLE  
College of Education & Human Development

# Dissertation Advisory Committee Approval

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Major Subject Field: \_\_\_\_\_  
Student ID#: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

## Proposed Committee Members

	<b><u>NAME</u></b> (typed or printed)	<b><u>DEPARTMENT</u></b>	<i>Signature as</i> <i>Agreement to Serve on Committee</i> <b><u>SIGNATURE &amp; DATE</u></b>
1.	_____ (Principal Advisor)	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(Dissertation Advisory Committee requires 4 members)

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**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 Graduate Dean  
explaining why this person is being asked to participate.*  
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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