

## FORMATION OF A DOCTORAL ADVISING COMMITTEE

The signatures appearing below indicate that the following faculty have agreed to be on a Doctoral Advising Committee for:

Student's Name \_\_\_\_\_

### COMMITTEE:

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(chair)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Please submit this form to Tabitha after all signatures have been collected.

Date Submitted \_\_\_\_\_