

CSD DISSERTATION COMMITTEE APPROVAL FORM

Submit to CSD Administrator (who will submit to Student Services) When Completed

Student's Name _____ **Advisor's Name** _____

Student's PeopleSoft ID: _____

Name, Academic Rank, School	Graduate Faculty		Expertise
<u>SHRS Dissertation Chair (#1)</u> Name: _____ Academic Rank: _____	yes	no	
<u>SHRS Committee Member (#2)</u> Name: _____ Academic Rank: _____			<input type="checkbox"/> Check if this member is the co-chair
<u>SHRS Committee Member (#3)</u> Name: _____ Academic Rank: _____			
<u>Outside Committee Member (#4)</u> Name: _____ Academic Rank: _____ School: _____			
<u>Additional Committee Member</u> Name: _____ Academic Rank: _____ School: _____			
<u>Additional Committee Member</u> Name: _____ Academic Rank: _____ School: _____			

Associate Dean for Graduate Studies

Date

- Minimum Criteria:
- _____ Minimum of 4 members
 - _____ Chair must be SHRS Graduate Faculty member
 - _____ Majority of the committee must be Graduate Faculty
 - _____ One member must be from outside SHRS