

Doctoral Dissertation/Project Advisory Committee Appointment Form

Select a Program: _____

Student's Name: _____ Banner ID: _____

Student's Signature: _____ Student's Email: _____

Anticipated Proposal Month/Year: _____

Tentative dissertation/project title/topic:

We agree to serve as Doctoral Dissertation/Project Advisory Committee Members for the student listed above.

_____ Committee Chair Signature	_____ Type Name	_____ Department
_____ Committee Co-Chair Signature (If applicable)	_____ Type Name	_____ Department
_____ Committee Member Signature	_____ Type Name	_____ Department
_____ Committee Member Signature	_____ Type Name	_____ Department
_____ Committee Member Signature	_____ Type Name	_____ Department
_____ Doctorate of Nursing Practice Content Expert Signature *If applicable*	_____ Type Name	_____ Department
_____ Program Coordinator Signature	_____ Type Name	_____ Department
_____ Department Chair Signature	_____ Type Name	_____ Department

Complete this form. Upload to [CGS website](#) to be routed for signatures. Form should be submitted in order to assign a doctoral dissertation/project committee to the student. **This form must be submitted no later than the semester prior (minimum of 8 weeks)** to the planned proposal. Contact CGS with questions 361.825.2174.

For College of Graduate Studies Use Only:

_____ Graduate Faculty Representative (GFR) Assigned By (CGS Signature)	_____ GFR Name (Typed)	_____ GFR Department
Graduate Faculty Status _____	Entered in Banner _____	
CGS Approval _____	Entered on Spreadsheet _____	
Academic Advisor _____		