University of ARKANSAS

## Doctoral Committee

Student's Name: $\qquad$ ID Number: $\qquad$

Degree Sought: $\qquad$ Degree Program: $\qquad$
Student's Signature: $\qquad$ Date: $\qquad$

## Select Committee:

Doctoral Advisory Committee, which develops the student's program of study, and monitors progress in the program.

ODoctoral Dissertation Committee, which is responsible for insuring that the dissertation presented meets high academic standards and constitutes a significant contribution to the knowledge of the study area. BOTH Doctoral Advisory and Doctoral Dissertation Committee

## Committee Members

(Please type or print FULL NAME. Example: Jane R. Doe)
(Please NOTE if ex-officio or off campus member)
(If adding or removing one or more members, only that signature needed along with the committee chair and department chair/head)

|  | CHAIR | signature of chair required |
| :--- | :--- | :--- |
|  |  | signature of committee member |
| Please PRINT full name of committee member full name | signature of committee member |  |
| Please PRINT full name of committee member |  | signature of committee member |
| Please PRINT full name of committee member |  |  |

Approved: $\qquad$ Date: $\qquad$
Office of the Graduate Dean
Submit this form to the Graduate School as soon as the committee is selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of the Graduate School. To submit this form, email it to gsieform@uark.edu or bring the printed form to GEAR 213.

