

Dissertation **TITLE** Approval

Date: _____

Please complete the following:

Name of Student: _____ FIDN# _____

Department/Program: _____ Candidate for Ph.D

Title of Dissertation (please type): _____

PLEASE CHECK YES FOR COMMITTEE MEMBERS WHO ARE GETTING TEACHING CREDITS AND INCLUDE FIDN NUMBERS FOR ALL MEMBERS

_____	_____	<u>Reader Teaching Credits</u>
Reader (Print name)	Reader ID Number	Yes No

_____	_____	<u>Reader Teaching Credits</u>
Reader (Print name)	Reader ID Number	Yes No

_____	_____	<u>Reader Teaching Credits</u>
Reader (Print name)	Reader ID Number	Yes No

_____	_____	<u>Reader Teaching Credits</u>
Committee Member (Print name)	Reader ID Number	Yes No

_____	_____	<u>Reader Teaching Credits</u>
Committee Member (Print name)	Reader ID Number	Yes No

Signatures:

_____	_____	<u>Mentor Teaching Credits</u>
Mentor signature	Mentor ID Number	Yes No

_____	_____	<u>Mentor Teaching Credits</u>
Co-Mentor signature	Mentor ID Number	Yes No

The Department Chair/DGS confirm that the faculty members listed above have agreed to serve and that the composition of the committee is academically suitable to the topic proposed. Approved and recorded by:

Chairperson of Department

Date

Dean

Date