

Please indicate all that apply

**REVISED  
Dissertation Approval**

Revised Committee

Revised Title

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ FIDN# \_\_\_\_\_

Department/Program: \_\_\_\_\_ Candidate for \_\_\_\_\_ Ph.D \_\_\_\_\_

Title of Dissertation (please type): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate which Committee Members are to receive Teaching Credits and include their FIDN numbers.**

_____	_____	<u>Reader Teaching Credits</u>
Reader (Print name)	Reader ID Number	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	_____	<u>Reader Teaching Credits</u>
Reader (Print name)	Reader ID Number	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	_____	<u>Reader Teaching Credits</u>
Reader (Print name)	Reader ID Number	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	_____	<u>Reader Teaching Credits</u>
Committee Member (Print name)	Reader ID Number	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	_____	<u>Reader Teaching Credits</u>
Committee Member (Print name)	Reader ID Number	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signatures:**

_____	_____	<u>Mentor Teaching Credits</u>
Mentor signature	Mentor ID Number	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	_____	<u>Mentor Teaching Credits</u>
Co-Mentor signature	Mentor ID Number	<input type="checkbox"/> Yes <input type="checkbox"/> 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