



Please choose One: Initial committee Change to committee

Name: _____ KSU ID#: _____

Doctoral Program: _____

Proposed Dissertation Committee:

Committee Chair:

Print Name	Signature	Department
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Committee Members:

Print Name	Signature	Department
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Print Name	Signature	Department
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Print Name	Signature	Department
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Print Name	Signature	Department
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Doctoral Program Committee Recommendations

We recommend that the Dissertation Committee be approved.
We do not recommend that the Dissertation Committee be approved.

Program Coordinator, Signature

Print Name

Date

Graduate College

Based on the College's recommendation, I hereby Approve Deny the request

Dean, Graduate College Signature

Date