



SCHOOL OF PUBLIC HEALTH

Appointment of Dissertation Committee

PART I: Student and Dissertation Information

Student Name

Student ID

Date

Program

Email

Phone

Working Title of Dissertation

Will human subjects be involved in any way?

Yes

No

(must select one)

Estimated Proposal
Defense Date

PART II: Committee Information

Dissertation Chair

Name, Degree	Title, Organization	Phone	Email

Committee Members

Name, Degree	Title, Organization	Phone	Email

PART III: Approvals

Dissertation Chair

Signature

Date

Program Director

Signature

Date

Associate Dean, SPH

Signature

Date

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Revision to original Dissertation Committee