



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		Estimated Proposal Defense Date
Will human subjects be involved in any way?	Yes No <i>(must select one)</i>	

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

Revision to original Dissertation Committee