

# Doctoral Dissertation Committee Designation Form



Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Program:  DRPH       EPI       HPPR       HSSR

Student Email: \_\_\_\_\_@uams.edu

Committee (Minimum of Five (5) Members)		
Name	Role on Committee (check one)	Signature/Date
	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	
	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	
	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	
	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	
	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	
	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	

**Five or More Committee Members are Required**

Doctoral Program (co)director: \_\_\_\_\_ Signature/Date      Doctoral Program (co)director: \_\_\_\_\_ Signature/Date

Associate Dean for Academic Affairs: \_\_\_\_\_ Signature/Date      Dean, Graduate School: \_\_\_\_\_ Signature/Date

**Please attach original Dissertation Committee Designation Form and any previous Change in Doctoral Dissertation Committee Forms.**

Original: Office of the University Registrar

Cc: Student  
Doctoral Program Director(s)  
COPH Office of Student Affairs  
Graduate School