

Doctoral Dissertation Committee Designation Form



Student Name: _____

Student ID: _____

Program: DRPH* EPI HPPR HSSR

Student Email: _____@uams.edu

**DRPH Does Not Require Graduate School Signature*

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 (5) 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