

Change in 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 | | | Replacement | | |
|-----------|---|----------------|-------------|---|----------------|
| Name | Role on Committee (check one) | Signature/Date | 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 | |
| | <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