

Doctoral Dissertation Committee Designation Form



Student Name: _____

Student ID: _____

Program: DRPH EPI HPPR HSSR

Student Email: _____@uams.edu

Committee		
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	

Doctoral Program (co)director: _____ Signature/Date
 Doctoral Program (co)director: _____ Signature/Date

Associate Dean for Academic Affairs: _____ 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