

Dissertation Advisory Committee Form

I hereby request the following Dissertation Advisory Committee to be established for:

Candidate Name: _____ MTSU ID #: _____

Who is enrolled in the _____ Program

Email Address _____ Phone Number (____) _____ - _____

Tentative Dissertation Title :

Dissertation Advisory Committee Members:

(Committee members must have Graduate Faculty status granted by the Graduate Council of the College of Graduate Studies).

<i>Name</i>	<i>Signature</i>	<i>Date</i>
Chair _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____

Signature of Candidate _____ *Date* _____

Signature of Graduate Program Director _____ *Date* _____

College of Graduate Studies _____ *Date* _____

Submit this completed form to:

College of Graduate Studies
MTSU Box 42
Sam H. Ingram Building, Main Floor
2269 Middle Tennessee Blvd.
Murfreesboro, TN 37132