Office of Graduate Studies
212 Koch Hall
Norfolk, VA 23529
Phone: (757) 683-4885
Fax: (757) 683-3004

Appointment of Doctoral Dissertation Committee
D2

1. REQUEST:
   a. I hereby request the following Dissertation Committee to be established for:

Student's Name: _____ UIN: _____

who is enrolled in the _____ program.
(*Title of degree program*)

DISSERTATION COMMITTEE

NAME (Print)	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
_____ Dissertation Committee Chair	_____ Dissertation Committee Chair

_____
Date

   b. I concur with the appointment of the above Dissertation Committee.

_____ _____
Signature of Student Date

☐ This represents a restructuring of an existing committee

2. APPROVAL:
   Graduate Program Director: _____ Date:_____
   Signature
   Department Chair: _____ Date:_____

   Dean: _____College:_____ Date:_____

Original: Graduate Program Director
Copy: Student/Committee Chair

Doctoral Form
(Rev. 3/10)