



296 Eberhart Building
 321 McIver Street
 Greensboro, NC 27412
 336-334-5014 phone

DOCTORAL/ADVISORY/DISSERTATION COMMITTEE AND *PLAN OF STUDY

Date: _____

Student's Name: _____ ID Number: _____

Mailing Address: _____

Degree: _____ Major: _____

Comp exam topic: _____

Tentative Dissertation title: _____

The following faculty members are recommended to the Graduate School as doctoral advisory/dissertation committee members for the above-named student and each one has agreed to assume this responsibility. The committee chair must be a tenured or tenure-track Psychology faculty member. The student and committee chair select two members of the committee (or three, for 5-member committees). One member of the committee is appointed by the Department Head. All committees must include at least one tenured Psychology faculty member who is not the committee chair.

	Print Name	Signature	Graduate Faculty Status Member w/ Endorsement
Chair:	_____	_____	
Member:	_____	_____	
Member:	_____	_____	
Member:	_____	_____	
**Member:	_____	_____	
Director of Graduate Studies: _____			

Approved: _____ Date: _____

Dean of The Graduate School

*attach doctoral plan of study
 **head appointed member