



STEPHEN F. AUSTIN
STATE UNIVERSITY

James I. Perkins
College of Education

APPOINTMENT OF DISSERTATION COMMITTEE

Student Name: _____

Campus ID (CID): _____

Major/Concentration: _____

Degree: _____

Student Signature: _____

Date: _____

Proposed Title of Dissertation:

Typed Name:

Signature:

Academic Unit:

Rank:

Graduate Faculty
Status:

Name, Chair

Name, Co-Chair *(if applicable)*

Committee Member

Committee Member

Committee Member

Committee Member

Program Coordinator

Academic Unit Head

Dr. Judy A. Abbott

Dean

Date

Date

Date

***** All committee members must hold approved Graduate Faculty Status *****

Email to PCOE Graduate Studies Coordinator at coegrad@sfasu.edu