

## Dissertation Committee Appointment Form

Student: \_\_\_\_\_ PID: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL: \_\_\_\_\_

The following person has consented to serve as the Chair of my dissertation committee:

_____	_____	_____
Printed name	Signature	Date

The following individuals have consented to serve on my dissertation committee:

_____	_____	_____
Printed name	Signature	Date

_____	_____	_____
Printed name	Signature	Date

_____	_____	_____
Printed name	Signature	Date

_____	_____	_____
Printed name	Signature	Date

Please submit completed form to the Office of Graduate Affairs for approval  
[gradnurseadvisor@ucf.edu](mailto:gradnurseadvisor@ucf.edu)

Approved:

\_\_\_\_\_  
Susan K. Chase, Associate Dean  
College of Nursing

\_\_\_\_\_  
Date