

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

Approved:

_____	_____
Susan K. Chase, Associate Dean College of Nursing	Date