



UNIVERSITY OF CENTRAL FLORIDA

College of Nursing

DISSERTATION COMMITTEE APPOINTMENT FORM

Student: _____ UCFID: _____ Date: _____

Knights Email: _____

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

_____	_____
Printed name	Signature

The following individuals have consented to serve on my dissertation committee (Please provide CV for your outside committee member if not a UCF Faculty member):

_____	_____
Printed name	Signature

_____	_____
Printed name	Signature

_____	_____
Printed name	Signature

_____	_____
Printed name	Signature

Approved:

 Joellen Edwards, Chair
 Department of Nursing Systems