

STEP 6

**REQUEST FOR APPROVAL OF FACULTY FOR
DISSERTATION COMMITTEE**

Date _____

TO: Dean of the Graduate School

FROM: _____
Department Head (signature) Department

The following persons are recommended for appointment to the Examining Committee for

_____ who is a candidate for the _____ in the
Student's Name Degree

Email Address _____ Phone Number _____

TSU T# _____

Title of Dissertation _____

List of persons recommended:

Graduate Faculty Name (Please Type or Print)	Department
_____	_____
Dissertation Advisor	
_____	_____
Committee Member	
_____	_____
Committee Member	
_____	_____
Graduate School Representative	

Action of Graduate Office:

() Approved _____ Dean, The Graduate School