



Dissertation Committee Form

Student Name:

KSU ID#:

Doctoral Degree Program:

Proposed Dissertation Committee:

Committee Chair

Name	Signature	Department
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Committee Members

Name	Signature	Department
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Name	Signature	Department
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Name	Signature	Department
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Name	Signature	Department
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Doctoral Program Committee Recommendations:

We recommend that the Dissertation Committee be approved
We do not recommend that the Dissertation Committee be approved

Program Coordinator Name	Signature	Date
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Graduate College

Based on the College's recommendation, I hereby Approve Deny the request

Dean, Graduate College Signature

Date