Texas State University-San Marcos
Graduate College

Ph.D. Dissertation Committee Request Form

This form must be completed and returned to the Office of the Graduate College. **Committee members must be approved Ph.D. graduate faculty.**

Student's Name:_____ Student ID:_____

Student Signature:_____ Date:_____

Major:_____

We agree to serve as Ph.D. Dissertation/Research Committee members for the student listed above.

As a committee member, I am aware that I will not be reimbursed for any expenses I incur as part of this service.

Committee members: *(Names and departments)*	**Signatures** indicating willingness to serve on the committee.	**Date**

Approved by:

_____ _____

Committee Chair/Dissertation Advisor signature Date

_____ _____

Ph.D. Program Director signature Date

_____ _____

Department Chair signature Date

_____ _____

Dean of the Graduate College signature Date