



Dissertation Committee Request Form

This form must be completed and returned to The Graduate College at gcdgspcl@txstate.edu to assign a dissertation committee to the student. It is the student's responsibility to make sure The Graduate College receives this form in a timely manner. The Dissertation Committee Members must hold current Regular Graduate, Associate Graduate, or Courtesy Graduate faculty status.

Student Name: _____	Texas State ID: _____
Major: _____	Degree (check one): <input type="checkbox"/> Ph.D. <input type="checkbox"/> Ed.D.
Student Signature: _____	Date: _____

By signing this form, the committee members below agree to the following statements:

1. I agree to serve as a Dissertation Committee Member for the student listed above.
2. As a committee member, I am aware that I will not be reimbursed for any expenses I incur as part of this service.

Printed Name of Proposed Committee Member	Department of Proposed Committee Member	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures below indicate the approval of the above recommendation:

Printed Name	Signature	Date
_____	_____	_____
Dissertation Committee Chair/Co-Chair		
_____	_____	_____
Co-Chair (if applicable)		
_____	_____	_____
Doctoral Program Director		
_____	_____	_____
Department Chair		

For The Graduate College Use Only

Based on the recommendation above, the Dissertation Committee Members are **approved**.

_____	_____
Dean or Dean's Designee of The Graduate College	Date