

REQUEST FOR APPOINTMENT OF PERMANENT Ph.D. COMMITTEE

DATE SUBMITTED _____

NAME _____

ADDRESS _____ TELEPHONE _____

LU ID _____

STUDENT SIGNATURE _____

PROPOSED COMMITTEE

SUPERVISOR: _____
NAME (Print or Type)

SIGNATURE

MEMBER _____

MEMBER _____

MEMBER _____

MEMBER _____
(Dean of Graduate Studies nominee)

DEPARTMENT OF CHEMICAL ENGINEERING CHAIR

DATE _____

DEAN OF COLLEGE OF ENGINEERING

DATE _____

DEAN OF GRADUATE STUDIES

DATE _____