

SCHOOL OF PUBLIC HEALTH
Department of Environmental Health Sciences
WADSWORTH CENTER C-236 * 473-7553

Ph.D. DISSERTATION COMMITTEE APPROVAL FORM

TO: Chair, Department of Environmental Health Sciences

FROM: _____, Dissertation Committee Chair

RE: Dissertation Committee for _____
(Student's Name)

REQUIRED: A brief paragraph describing the proposed student research project and the research of each committee member.

Committee Chair: _____
(PRINT NAME) (SIGNATURE) (DATE)

Track Member: _____
(PRINT NAME) (SIGNATURE) (DATE)

Track Member: _____
(PRINT NAME) (SIGNATURE) (DATE)

Dept. Member: _____
(PRINT NAME) (SIGNATURE) (DATE)

Outside: _____
(PRINT NAME) (SIGNATURE) (DATE)

Address/Phone of Outside Member _____

*Additional: _____
* = Optional (PRINT NAME) (SIGNATURE) (DATE)

APPROVALS: _____
(Academic Committee Chair, Date)

(Department Chair, Date)

Date Recorded _____
cc: Committee Members
Student