

**SCHOOL OF EDUCATION AND HEALTH SCIENCES
PH.D. PROGRAM**

DOCTORAL COMMITTEE MEMBERSHIP

I have agreed to chair or serve on the Doctoral Committee of:

(Doctoral candidate)

Chair

(date)

Print name: _____

School of Education and Health Sciences Member

(date)

Print name: _____

School of Education and Health Sciences Member

(date)

Print name: _____

External Member

(date)

Print name, address and phone number:

Please return completed form to: Office of Doctoral Studies, School of Education and Health Sciences
Fitz Hall, Suite 651, University of Dayton
Dayton, OH 45469-2963 or email to eearn1@udayton.edu

Recommended:

Coordinator

(date)

Concurrence:

Director of Doctoral Studies

(date)

Dean of the School of Education and Health Sciences

(date)

Approval:

Associate Provost for Graduate Academic Affairs

(date)
