

PhD Guiding Committee form for: _____
(Student Name)

Committee Members:

Name	Area of Responsibility
1. _____ (Chairperson)	
2. _____	
3. _____	
4. _____ (optional)	

Approved by: _____ (Graduate Adviser Signature) _____ (Date)

First Meeting Scheduled:

Day/Date: _____

Time: _____

Room Reserved: _____
(Graduate Student Services Office reserves room)