

**Dissertation Committee[†] Approval Form
Th.D. Program**



Student: Please submit the completed form to the Th.D. director

Student's Name _____ **Date Submitted** _____

This is ____ an original request
____ a request to change the committee previously approved on (date) _____

Committee Chair:

Full Name _____ Rank/Title _____

Committee Members:

2. Full Name _____ Rank/Title _____

3. Full Name _____ Rank/Title _____

4. Full Name _____ Rank/Title _____

Department/School (if not DDS faculty) _____

5. Full Name _____ Rank/Title _____

Department/School (if not DDS faculty) _____

Approved by:

Director of the Th.D. Program _____ Date _____
(for the Th.D. Oversight Committee)

Assoc. Dean for Academic Formation _____ Date _____

[†] At least three members of the dissertation committee must be regular-rank faculty members in the Divinity School unless otherwise approved. The chair of the committee serves as the student's dissertation supervisor.