



# OLD DOMINION UNIVERSITY

The Graduate School

## Appointment or Change of Doctoral Dissertation Committee D2

**REQUEST:**

I hereby request the following Doctoral Dissertation Committee to be established or changed for:

Student's Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

College: \_\_\_\_\_ Degree and Program: \_\_\_\_\_

**DOCTORAL DISSERTATION COMMITTEE\***

Print Name	Signature	Date
Committee Chair:		
_____	_____	_____
Members:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If the committee is comprised of more than six members, please attach an addendum.

I concur with the appointment or change of the above Doctoral Dissertation Committee.

Student: \_\_\_\_\_  
Signature Date

Please check if this is a change to the Doctoral Dissertation Committee.

**APPROVAL:**

Graduate Program Director: \_\_\_\_\_  
Signature Date

Dean or Designee: \_\_\_\_\_ College: \_\_\_\_\_  
Signature Date