

**DISSERTATION COMMITTEE FORM**

**Directions:** Follow the guidelines for selection of the Dissertation Committee described in the PhD Program in Nursing Handbook for Students. Submit this form to the Graduate Program Director after all signatures of the Dissertation Committee are obtained.

**Doctoral Student Name:** \_\_\_\_\_  
Last First MI

**Dissertation Topic:**  
\_\_\_\_\_

**DISSERTATION COMMITTEE:****COLLEGE OF NURSING MEMBERS:**

\_\_\_\_\_  
Chairperson (*typed/printed*)      Chairperson (*signature*)      Date

\_\_\_\_\_  
Member (*typed/printed*)      Member (*signature*)      Date

\_\_\_\_\_  
Member (*typed/printed*)      Member (*signature*)      Date

**NON-NURSING (OUTSIDE) COMMITTEE MEMBER:**

\_\_\_\_\_  
Member (*typed/printed*)      Member (*signature*)      Date

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*Outside Member's Department & College/University*

**Reviewed and approved by:**

\_\_\_\_\_  
Graduate Program Director      Graduate Program Director      Date  
*(TYPED/PRINTED)*      *(SIGNATURE)*