

DOCTORAL COMMITTEE APPOINTMENT FORM

The University of Tennessee
The Graduate School

Submit Form by Deadline to:
The Graduate School
P-105 Andy Holt Tower
Knoxville, TN 37996-0104

Name: Last First Middle

Street:

City State Zip

Student ID #:

TO BE COMPLETED BY GRADUATE SCHOOL

Dean of the Graduate School

Date

Committee Recommended:

Type or print name and department. Signature indicates both acknowledgment of request and willingness to serve.

Name Department Signature

(Chairperson)

Change in Previously Appointed Committee:

Indicate above the recommended membership of the Committee. Signatures are needed for new members and those being removed.*
A statement indicating the reason for the proposed change must be provided below by the department head.

Add to the Committee:

Remove from the Committee:

Reason for Changes:

* Signatures are not required to remove persons whose UT faculty appointments have been terminated or who are absent from the campus for an extended period.

Department Head (Approval) *Date*