

Doctor of Science Final Examination Committee Approval Form

Today's Date: _____

Name of Student: _____

Address: _____

Student Number: _____ Dissertation Advisor: _____

Major: _____

Dissertation Title: _____

(Abstract must be attached)

Proposed Committee

	Name	Organization	Title
(Chair)	_____	_____	_____
(Advocate)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Proposed Date: _____
(Needs to be at least 3 weeks in advance of today's date.)

Approved _____ Not Approved _____

Chair, ECE Department

Date