

Appointment of Dissertation Committee

gradforms@uttyler.edu · STE 345 · 903-566-7457

*The Dissertation Committee must be approved by the Dean of the Graduate School before a student may enroll in dissertation hours.*

**Student Information**

**Student Name:** Enter Student’s Name **Student ID:** Enter ID Number

**Program:** Enter Program **Semester Entered:** Semester **Year Entered:** Year

**Proposed Title of Dissertation:**

Enter proposed dissertation title

**Committee Information**

The dissertation committee is composed of a dissertation advisor, who chairs the committee, and at least two other Graduate Faculty members. The advisor must be qualified to chair dissertations and be from the program from which the degree is sought. At least one more of the committee members must be from the program in which the degree is being sought and hold the required Graduate Research Status.

To avoid both the fact and the appearance of conflict of interest, family members, spouses, ex-spouses, significant others, or members otherwise related by blood or marriage or residing in the same household may not simultaneously serve on the same committee.

Candidates are also encouraged to select a member of the UT Tyler Graduate Faculty, external to the program, to provide mentoring/guidelines during the proposal development and dissertation defense process. The mentor is a non-voting member of the committee.

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| **Committee Chair** | Chair’s Name | **Dept.** | Chair’s Dept. | Graduate Faculty Status |
| **Member** | Member’s Name | **Dept** | Member’s Dept. | Graduate Faculty Status |
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For Visiting Graduate Faculty

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| Description of Visiting Graduate Faculty member’s expertise in relation to dissertation topic:Enter description of expertise. |

 **Approvals**

**Doctoral Program Coordinator:** Program Coordinator’s Signature Approval Date: Select Approval Date

Prior to signing this form, the chair should confirm that all named members above have agreed to serve on the committee.

**Department Chair**: Department Chair’s Signature Approval Date: Select Approval Date

**Graduate School Approval**: Signature Approval Date: Select Approval Date

Please complete this form and submit any additional supporting materials necessary to

The Graduate School (GradForms@uttyler.edu)

\*\* This form is NOT to be submitted by the student. \*\*