

## ARKANSAS TECH UNIVERSITY DISSERTATION COMMITTEE APPOINTMENT FORM



STUDENT NAME:	ME:T NUMBER:	
STUDENT SIGNATURE:		
EMAIL ADDRESS:		PHONE:
ANTICIPATED GRADUATI	ON DATE:	
GENERAL TOPIC OF DISSE	RTATION:	
ALL COMMITT	EE MEMBERS MUST HAVE GRAD	MIATE FACIII TV STATUS
	provide the graduate student with the in for presentation to the Graduate College	nformation and direction necessary to and the fulfillment of all doctoral degree
Printed Name	 Signature	 Date
D. C.		
	provide the graduate student with the in	nformation and direction necessary to and the fulfillment of all doctoral degree
Printed Name	Signature	Date
SIGNATURES OF APPROVA	AL:	
Program Director		Date
Dean of the Graduate College		 Date