

## DISSERTATION COMMITTEE FORM

**Please refer to the Guidelines for Dissertation Committee Service.**

**When revising a Dissertation Committee, list all other members of the committee as well as the revision(s).**

Student Name: \_\_\_\_\_ Program Name: \_\_\_\_\_  
Student U-M ID: \_\_\_\_\_ Academic Program Number: \_\_\_\_\_  
Student E-Mail: \_\_\_\_\_

Action Requested: ☐ Create Committee  
☐ Revise Committee

If defense date is in less than 6 months, give approximate date:

\_\_\_\_ (MM) \_\_\_\_ (DD) \_\_\_\_ (YY)

Proposed Committee Membership (PLEASE NOTE: In certain circumstances, *additional documentation must be submitted with this form*. Please see the Guidelines for Dissertation Committee Service).

Name	Department	Title	Empl ID/Campus ID
Chair/ Co-Chairs			
_____	_____	_____	_____
_____	_____	_____	_____
Cognate Member			
_____	_____	_____	_____
Other Members			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Graduate Chair (or Designate) Signature	_____ Graduate Chair (or Designate) Name Printed	Date: ____ (MM) ____ (DD) ____ (YY)
_____ Second Graduate Chair Signature (if applicable)	_____ Second Graduate Chair Name Printed	Date: ____ (MM) ____ (DD) ____ (YY)
_____ Rackham Approval Signature		Date: ____ (MM) ____ (DD) ____ (YY)