

**PhD Dissertation Committee Member
Appointment or Member Change Form**



SCHOOL *of* NURSING

Dissertation Committee Members Appointment
Dissertation Committee Members Change

(Please specify changes)

Student's Name (please print)

Student's Signature

Date submitted

9-digit student ID#

I have requested the faculty members listed below be appointed to serve on my dissertation committee. Their signatures on this form indicate their approval. *If outside the School of Nursing, please indicate UVA affiliation (i.e., school, department).

Committee Chair

Signature, Committee Chair

*Member name & credentials (please print)

Signature, Member

*Member name & credentials (please print)

Signature, Member

*Member name & credentials (please print)

Signature, Member

*Member name & credentials (please print)

Signature, Member

Director, PhD Program

Signature of Director, PhD Program

Please submit completed form to PhD Program Manager and copy Registrar.