



SEOR PhD: ADVISORY COMMITTEE FORM

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(Last Name, First Name)

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Phone Number(s): _____

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Date: _____

Committee Member Approval:

Name:	Signature:
_____	_____
<i>Committee Chair</i>	
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_____	_____
_____	_____
_____	_____
_____	_____

Project/Dissertation Director: _____

Major area of interest: _____

Tentative project/dissertation topic: _____

New: _____ Revision*: _____
 * If revision, indicate the reason for revision on reverse

Approval: _____
SEOR Ph.D. Program Director