UPSTATE
MEDICAL UNIVERSITY
EDUCATION * HEALTHCARE * RESEARCH

College of Graduate Studies

DISSERTATION EXAMINATION COMMITTEE APPOINTMENT
(To be completed by the degree-granting department)

Date of Submission: _____

Name of Student: _____

Department/Program: _____

Title: _____

The undersigned hereby recommend to the Chairman of the Graduate Council the following as committee members to examine the dissertation for and to conduct his/her final examination, as partial requirement for the PhD degree:

Committee Members	**Department**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____ Name of Sponsor	_____ Signature
_____ Name of Department Chair/Program Director	_____ Signature

Committee Approval: _____
Dr. Mark E. Schmitt, Dean, College of Graduate Studies

Chosen Committee Chair: _____

Day/Date: _____

Time: _____

Place: _____

Please return this form to the Graduate Studies Office – Room 3122, WH