



Chair

Expertise related to dissertation:

Recommendation of Dissertation Committee			Initial Comn	nittee	Revised Committee
to the Dean of the Gra	aduate Colle	ege			
To be	completed by the	e Committee Chair in	n consultation with th	e student	
NAME:			NAU ID:		
NAU EMAIL:			DEGREE/PROGRAM	M:	
This form should be submitted for the searing. Please see the timeline this form must be completed (make this for the completed for the completed the milestones for the completed the search that the search the search that the sea	e of milestones. If eark "Revised Con	the roles or make-u	p of the committee c	hange at ar	ny point, a resubmission of
Instructions and Important Poir 1. The committee chair must same department. At least of the required number is option academic policy for details.	nts to Consider/In be full-time faculty ne of the remaining	employed by the stude two members must be	e from outside the depa	rtment. Any	additional members beyond
2. Attach a 2-3 page summary explanation of the scope and implication for the field, and of the dissertation. Research IRB approval will be sought be 3. The committee chair is respongraduate coordinator must	purpose of the progative preliminary list of involving human surefore collecting dat ponsible for reviewic endorse this form	ject, qualitative and/or source material that nubjects requires IRB reval, if applicable. Ing and approving this and the summary before	quantitative methodolo nay be used to acquire in view <u>prior</u> to data collect form and the summary b	ogies to be us information th tion; please in before submi	sed to acquire data, potential aroughout the development andicate in the summary that assion. The department chair
Dissertation Title or Topic:					
Members:	Chair	Co-Chair	Member		Terminal Degree
Expertise related to dissertation:	Chair	Co-Chair	Member		Terminal Degree
3		Co-Chair	Member		Terminal Degree
4Expertise related to dissertation:	Chair	Co-Chair	Member		Terminal Degree
-vherrise related to dissertation:					

Co-Chair

Member

Terminal Degree

Signing below indicates that:

This form and summary are approved and endorsed.
 Potential conflicts of interest have been addressed (e.g., committee members who stand to gain from specific results of the study or who may be relatives, friends, employers or peers of the student). If an unavoidable conflict is identified, continued participation by the committee member requires approval of the dissertation chair(s), and a written plan to manage the conflict must be submitted to the Graduate College.

Dissertation Chair/Co-Chair Signature:	Date:
Dissertation Co-Chair Signature (if applicable):	Date:
Department Chair Signature:	_ Date:

Graduate College Use Only:

Graduate College Approval: ______

Date: _____

Revised: 7/16/2019