

## Designation of Dissertation Committee

Registrar's Office

For instructions regarding this form, see the CGU Bulletin at <http://bulletin.cgu.edu/>.

### Student Information

CGU ID# 254 - \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Department/Program \_\_\_\_\_ Degree \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Approval of Committee Members – Signatures Required

Declaration of Committee Membership

Change in Committee Membership

We, the undersigned, acknowledge that we have agreed to serve on this student's dissertation committee and hereby accept and commit to all responsibilities required of us in these roles.

Name \_\_\_\_\_ Title \_\_\_\_\_  Chair  Co-Chair

Institution \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  Co-Chair  Member

Institution \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  Member

Institution \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach Separate Sheet for Additional Approvals

### Department/Program Approvals

The department/program accepts each and every member of this dissertation committee, certifies that each member has provided consent to participate on the student's committee, and has reviewed the committee for compliance with CGU policy and procedure.

Dean/Director Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. Admin. Review \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit Completed Form to the Registrar's Office**