

# Chair Appointment Form

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Program/Track: \_\_\_\_\_

Chair's Name: \_\_\_\_\_

Chair's Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

I certify that my name, typed on the line above, is my authorized signature for this document.

\_\_\_\_\_  
*Chair's Signature*

\_\_\_\_\_  
*Date*

I certify that my name, typed on the line above, is my authorized signature for this document.

## PROCEDURE

STUDENT: After consultation with prospective chair, complete this form, sign, and submit to elected chair.

CHAIR: Sign and submit form to the Dissertation Office.

DISSERTATION OFFICE: Process and contract (if applicable). Notify student and chair of appointment.