

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.