

Student Information

CGU ID# 254 - _____

Last Name _____ First Name _____ Department/Program _____

Degree _____ I am (*choose one*): **Declaring my committee** **Changing my committee**

I understand I am responsible for obtaining all committee members' approvals below and ensuring my committee conforms to CGU's Dissertation Committee Policy.

Student Signature _____ Date _____

Approval of Committee Members (*signatures not required from members being removed from committee*)

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

Committee Member Information	Action (<i>check one</i>)	Role (<i>check one</i>)
Name _____ Institution _____ Signature _____ Date _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change Role	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member
Name _____ Institution _____ Signature _____ Date _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change Role	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member
Name _____ Institution _____ Signature _____ Date _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change Role	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member
Name _____ Institution _____ Signature _____ Date _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change Role	<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member

Attach Separate Sheet for Additional Approvals

Approval of Department/Program

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. Review _____ Signature _____ Date _____

Submit Completed Form to the Registrar's Office