Dissertation Committee

Name of Student _________________________________ Date Matriculated: ________________

Committees must have a minimum of four members (three with primary appointments in the Applied Physiology Program and one from outside the Applied Physiology Program). Committee members may be outside of UD.

Dissertation Advisor:

1) Name: ________________________ Signature: _____________________  Date:__________

Other Members of the Committee:

2) Name: ________________________ Signature: ________________________ Date: __________

Primary Departmental Affiliation: ______________________________________________________

3) Name: ________________________ Signature: ________________________ Date: __________

Primary Departmental Affiliation: ______________________________________________________

4) Name: ________________________ Signature: ________________________ Date: __________

Primary Departmental Affiliation: ____________________________________________________

5) Name: ________________________ Signature: ________________________ Date: __________

Primary Departmental Affiliation: _____________________________

Last updated January 30, 2015