TEXAS A&M UNIVERSITY CORPUS CHRISTI | ACADEMIC AFFAIRS

Doctoral Dissertation/Project Advisory Committee Appointment Form

Select a Program: Select a Program

Student's Name: _____ A# _____

Student's Signature: _____

Anticipated Proposal Month/Year: _____

Tentative Dissertation/Project Title/Topic:

We agree to serve as Doctoral Dissertation/Project Advisory Committee Members for the student listed above.

Committee Chair Signature	Type Name	Department
Committee Co-Chair Signature (If applicable)	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Doctorate of Nursing Practice Content Expert Signature *If applicable*	Type Name	Department
Program Coordinator Signature	Type Name	Department
Department Chair Signature	Type Name	Department

Complete this form. Upload to Grad Forms Submission to be routed for signatures. Form should be submitted to assign the student a doctoral dissertation/project committee. This form must be submitted no later than the semester prior (minimum of 8 weeks) to the planned proposal. For questions please contact gradcollege@tamucc.edu or call Katy Garcia/Associate Provost's Office at 361.825.3365

For Graduate Education Use Only:

Appointed Graduate Faculty Representative (GFR) _____ GFR Department _____

Graduate Faculty Status _____ Entered in Banner _____

Academic Advisor _____ Entered on Spreadsheet _____