

Name			Date	Indicate term/year when you first started your doctoral courses	
CWID			Program		
Please in	dicate one of the f	ollowing:			
	Establishing Dissertation Chairperson			Changing Dissertation Chairperson	
My prope	osed area of resear	rch or working title is:			
.					
Chair	First Name	Last Name	Credential	Member Signature	Date

If you are changing your chairperson and have completed your Preliminary Oral, indicate date of completion and reason for chairperson change:

.

Student Signature

Date

.