

**UNIVERSITY OF CENTRAL ARKANSAS  
NOTICE OF APPOINTMENT OF DISSERTATION COMMITTEE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Dissertation Committee Chair Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

The following graduate faculty members have agreed to serve on the dissertation committee. (One must be from outside the student's department):

Faculty Committee Member: \_\_\_\_\_  
Name

Faculty Committee Member: \_\_\_\_\_  
Name

Faculty Committee Member: \_\_\_\_\_  
Name

Faculty Committee Member: \_\_\_\_\_  
Name

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**APPROVED:**

\_\_\_\_\_  
Department Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Dean's Signature

\_\_\_\_\_  
Date

**Submit to the Graduate School, Torreyson West 328, UCA, 201 Donaghey, Conway AR 72035**