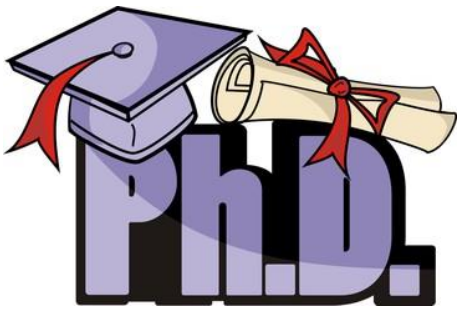
FORM 8

REQUEST FOR DISSERTATION COMMITTEE



Please be sure to enter this information on your Grad Plan. Go to: https://gradplan.msu.edu/

_____	_____	_____
(print student's name)	**(signature)**	**(date)**

Dissertation Committee:

_____	_____	_____
(print Committee Member's name)	**(signature)**	**(date)**
_____	_____	_____
(print Committee Member's name)	**(signature)**	**(date)**
_____	_____	_____
(print Committee Member's name)	**(signature)**	**(date)**
_____	_____	_____
(print Committee Member's name)	**(signature)**	**(date)**

Dissertation Chair:

_____	_____	_____
(print Dissertation Director's name)	**(signature)**	**(date)**

APPROVED:

_____	_____
(Director, Information and Media)	**(date)**

Information and Media
304 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517)432-1526

Cc: Student
Student's file