



**Doctor of Philosophy
Program of Study
Committee Appointment Form**

Instructions:

1. All information on this form must be typed
2. Return this form to the Graduate Secretary a minimum of **one month** prior to the scheduled committee meeting date.

Student's Name:

Area of Specialization:

Major Advisor:

Year and Semester Admitted to the Program:

COMMITTEE MEMBERS:

Note: Please indicate non-Kinesiology faculty, and list organization and affiliation

Type Name of Member	Dept. if other than KNES
1.	
2.	
3.	
4.	

Advisor (Print Name and Sign)

Date

Graduate Director (Signature)

Date