



Professional Doctoral Committee Appointment/Signature Form

Office of Graduate Enrollment Services, The Pennsylvania State University, 114 Kern Graduate Building, University Park, PA 16802-3396; 814-865-1795; gesrecords@psu.edu

Detailed information on Professional Doctoral Committee Composition and Doctoral Committee Responsibilities can be found in the Graduate Education Policies under [GCAC-700 Professional Degree Policies - Doctoral](#).

As per GCAC-700, the committee must be appointed as soon as possible after the student has secured an adviser, but in no event later than one semester following the date of the student's successful completion of the Qualifying Examination.

The committee must be validated and on record with the J. Jeffrey and Ann Marie Fox Graduate School **at least two weeks prior** to the date of the comprehensive and final oral examinations.

If the composition of the doctoral committee changes, a revised committee appointment signature form must be submitted to the Office of Graduate Enrollment Services **as soon as possible**. All members of a revised committee must be listed on the form.

*Student's Name _____ *9-digit Penn State ID _____ *Check Committee Type: New Revised

*Degree _____ *Student's Major Program _____ Dual-Title Program (if applicable) _____ Minor (if applicable) _____
(D.Ed./D.Eng/D.M.A./D.N.P/Dr. P.H.)

As the student/chair/committee member, I have carefully read and understand the Graduate Education policies and procedures and agree to adhere to these policies and to serve as a member of the doctoral committee for the student specified (for applicable signatories), if officially appointed by the Fox Graduate School.

*Student: Signature _____ Date _____

*Chair / Co-chair: (Must be a member of the major program) Printed Name _____ Signature _____ Date _____

Chair / Co-chair, (If applicable): Printed Name _____ Signature _____ Date _____

*Professional Doctoral Culminating Experience Adviser/Co-adviser: (Identify and sign even if signing elsewhere on form) Printed Name _____ Signature _____ Date _____

Professional Doctoral Culminating Experience Adviser/Co-adviser: (If applicable - identify and sign even if signing elsewhere on form) Printed Name _____ Signature _____ Date _____

Committee Member(s): (In addition to the chair or co-chair) Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____



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Printed Name

Signature

Date

Minor Field Member(s):

(If applicable)

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Printed Name

Signature

Date

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Printed Name

Signature

Date

Special Member(s):

(If applicable)

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Printed Name

Signature

Date

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Printed Name

Signature

Date

*** Name and signature of Graduate Program Head/Chair, Director of Graduate Studies, or Professor-in-Charge verifying the above information:**

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Printed Name

Signature

Date

*** Required Field**