

FORMATION OF DOCTORAL DISSERTATION COMMITTEE AND PLAN OF COURSEWORK

**DEPARTMENT OF CHEMICAL and BIOMEDICAL ENGINEERING
FAMU-FSU COLLEGE OF ENGINEERING**

(TENTATIVE TITLE)

Student Name

Social Security Number

Student Signature

Date of Passing Qualifying Exam

Expected Date of Graduation (sem/year)

Plan of Course work:

Comments from Doctoral Committee Meeting

Date:

APPROVED:

Dissertation Advisor

Co-Advisor (if= any)

Name:

Name:

Signature: _____

Signature: _____

Committee Member #1

Committee Member #2

Name:

Name:

Signature: _____

Signature: _____

Committee Member #3

Committee Member #4 (optional)

Name:

Name:

Signature: _____

Signature: _____

Committee Member #5 (optional)

Committee Member #6 (optional)

Name:

Name:

Signature: _____

Signature: _____

Graduate Committee Chair

Department Chair
