

**SELECTION OF COMMITTEE CHAIR**

Please take this form to your proposed committee chair. This will be recorded in the Office of Student and Academic Services. Should you decide to change your committee chair in the future, you must submit a new form.

**Student Name:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Last Name

**RUID Number:**

**Email:**

**Proposed area of research:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committee Chair Contact Information:**

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

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**Committee Chair:**

\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
Date

**Approval of Ph.D Program Director:**

\_\_\_\_\_  
Ph.D Program  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date