

Date

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## **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.

<b>Student Name:</b>			
RUID Number:	First Name	Initial mail:	Last Name
Proposed area of research	<b>:</b>		
Committee Chair Contact	Information:		
Name:			
Committee Chair:			
Committee Chair Signature			Date
Approval of Ph.D Progra	nm Director:		
Ph.D Program Director			Date