HORACE H. RACKHAM SCHOOL OF GRADUATE STUDIES
University of Michigan
STUDENT SERVICES: ACADEMIC RECORDS & DISSERTATIONS
915 E. Washington Street • 0120 Rackham Building • Ann Arbor, MI 48109-1070
734-763-0171 • Fax: 734-936-1809 • E-Mail: oard.questions@umich.edu • www.rackham.umich.edu/OARD

DISSERTATION COMMITTEE FORM

Please refer to the Guidelines on Dissertation Committee Formation.
When revising a Dissertation Committee, list all other members of the committee as well as the revision(s).

Student Name: _____ Program Name: _____

Student Address: _____ Program Number: _____

_____ Student ID Number: _____

Action Requested: ☐ Create Dissertation Committee ☐ Revise Dissertation Committee _____
(check one) If revising, give approximate defense date, if known

Proposed Committee Membership (PLEASE NOTE: In certain circumstances, *additional documentation must be submitted with this form*. Please see the Guidelines on Dissertation Committee Formation). **PLEASE PRINT.**

Name	Department	Title	Emplid
Chair/Co-Chairs			
Cognate Member			
Other Members			

_____ _____
Department Chair or Designee Signature/Name Printed Date

_____ _____
Second Department Chair or Designee Signature/Name Printed (as appropriate) Date

_____ _____
Approved by Rackham Date