

Graduate School

Request to Appoint a Doctoral Committee

Complete form digitally, do not print.

Student's Name as in URSA ______ Bear ID (Last 4 digits) _____

UNC student Email	Date	
Student Program		
Please appoint the following faculty members to the D student and signatures indicate their willingness to ser At time of request, Research Advisor must hold Doctor Graduate Faculty with intentions of applying for or will be a supplying	ve on this doctoral committee. ral Research Endorsement; Co-Resear	rch Advisor must hold
By signing this form, the committee members		
Adobe Verified Signatures Re	equired. Save and email to next facul	lty member.
Research Advisor Role (Select one)	Bear ID (Last 4)	DRE GF Current Faculty Status
(From Program/discipline area)		Carrent Lucarty Status
		DRE GF
2 nd Committee Member Role (Select one) (From Program/discipline area)	Bear ID (Last 4)	Current Faculty Status
		DRE GF GFE
Committee Member	Bear ID (Last 4)	Current Faculty Status
(UNC faculty or Grad Faculty Equivalent [non-UNC faculty] from	n related discipline or area of inquiry)	
		DRE GF
Faculty Representative (Must be UNC faculty outside program discipline)	Bear ID (Last 4)	Current faculty Status
		DRE GF GFE
Optional 5 th Committee Member (May be Grad Faculty Equivalent [non-UNC faculty] or UNC fa	Bear ID (Last 4) aculty from related discipline)	Current Faculty Status
Indicate the student's anticipated research topic. (Required)		