

Ph.D. Graduate Committee Form

Name: _____ ID Number: _____

WT Email: _____ Cell Phone: _____

Candidate for: _____ Primary Discipline: _____

College: _____

Each committee must have:

- At least five faculty who are members of the WTAMU Graduate Faculty
- The chair must have full graduate faculty membership
- At least three members from the Department of Agriculture Sciences with at least one faculty member from outside of the student's primary discipline
- At least one member from outside of the Department of Agricultural Sciences. They could be from:
 - Another department or college within WTAMU, or
 - Outside the University and who is an adjunct member of the Graduate Faculty at WTAMU

PH.D. GRADUATE COMMITTEE:

Name	Department	Committee Signatures
		Chair _____
		Member _____
		Member _____
		Member _____
		Member _____
		Member _____

Please obtain all signatures (above and below) and return to the Graduate School by the end of the first graduate semester. Failure to submit this form may result in an enrollment hold until completed. Once signed by the Graduate School, this form will be filed in the student's record.

Student Signature and Date

Program Advisor Signature and Date

College Dean Signature and Date

Graduate School Dean Signature and Date