

**WRIGHT STATE UNIVERSITY
DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING**

Ph.D. DISSERTATION COMMITTEE APPROVAL FORM

This form **must** be completed by the student, signed by the advising committee, and returned to 303RC prior to first registration for any of the following courses: **CS/CEG 894 / 896 / 897 / 898**

Student Name: _____ UID: _____

General Area of Research:

I request approval of the following committee:

Student: _____ Date

(The following signatures indicate agreement to serve on this student's committee.)

Dissertation Director : _____
Name Signature Date

Dept Committee members: _____
Name Signature Date

Name Signature Date

Outside Dept member: _____
Name Signature Date

Department: _____ "Graduate Faculty" status: Full___ Associate___ Adjunct___

External member: _____
Name Signature Date

Affiliation: _____ **Please attach CV.**

Additional Member: _____
Name Signature Date

APPROVAL OF THE DISSERTATION COMMITTEE

Department Chair Date Director, Ph.D. Program Date

Dean, College of Engineering and Computer Science Date

Dean, School of Graduate Studies Date