

**THIRD QUALIFYING EXAM PROPOSAL AND
DOCTORAL DISSERTATION COMMITTEE APPROVAL FORM
COLLEGE OF CRIMINAL JUSTICE**

Date: _____

Student Name: _____

Student ID Number: _____

Current Address:

Telephone: _____

E-mail address: _____

The following faculty members have agreed to serve on my dissertation committee:

Chairperson:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Signature: _____

Committee Member:

Name: _____

Address: _____

Phone: _____

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Doctorial Dissertation Committee Approval Form**

(Committee Member continued):

E-Mail: _____

Signature: _____

Committee Member:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Signature: _____

Committee Member:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Signature: _____

**John McDevitt, Director
Graduate School
College of Criminal Justice**