

PhD Supervisory Committee Form



Department of Communication
THE UNIVERSITY OF UTAH

Name: _____ Date of Approval: _____

UNID: _____

Degree : Doctorate of Philosophy

Student Signature: _____ Date: _____

Committee Chair
Name: _____ Date: _____

Signature: _____

Committee Member
Name: _____ Date: _____

Signature: _____

Committee Member
Name: _____ Date: _____

Signature: _____

Committee Member
Name: _____ Date: _____

Signature: _____

Committee Member
Name: _____ Date: _____

Signature: _____

Director of Graduate Studies/ Department Chair
Name: _____ Date: _____

Signature: _____

Notes: