Gannon University
Dissertation Committee Form

_____
Student Name

_____
Proposed Title

By their signature, the following individuals indicate their consent to serve on the above cited doctoral dissertation committee.

_____
(Chair) Name Degree Dept/Affiliation Signature Date

_____
(Member) Name Degree Dept/Affiliation Signature Date

_____
(Member) Name Degree Dept/Affiliation Signature Date

_____
(Member) Name Degree Dept/Affiliation Signature Date

_____
Student Signature Date

Approved: _____
Director of Training, Counseling Psychology Date

CC: Chair
Director of Training
Committee Members
Student
Student File

Original to Dean of Graduate Studies