

University of Pennsylvania
School of Nursing

REQUEST FOR APPOINTMENT OF DISSERTATION COMMITTEE

Name: _____

Dissertation Topic: _____

The undersigned have agreed to serve as the Dissertation Sponsoring Committee.

Chairperson (Print): _____ (Sign): _____

Member (Print): _____ (Sign): _____

Member (Print): _____ (Sign): _____

If fourth member:

Member (Print): _____ (Sign): _____

Signature: _____ Date: _____

Graduate Group Chair

This form should be submitted to the Office of Student Services, Suite M-18, for processing.