

P.O. Box 4098  
Atlanta, GA 30302-4098  
Phone: 404/651-3120  
Fax: 404/651-1416



## MEMORANDUM

TO: Ph.D. Candidate \_\_\_\_\_  
*student name*

FROM: Director of Graduate Studies

RE: Dissertation Committee

---

Please complete and have your Committee sign below:

MEETING DATE:	
Dissertation Committee Names:	Chair
	Member
	Member
	Member
	Member
ITEM	DATE (Semester/Year)
Dissertation Defense Approved	
Defense Date	

NOTES: <i>(please use this area to recommend any coursework, readings, etc., to the student)</i>

---

Chair Signature		Member Signature
Member Signature	Member Signature	Member Signature