



**School of Human Sciences
Dissertation Committee Membership**

Student Name: _____ **Date:** _____

TWU E-mail: _____ **Student ID:** _____

Program: Child Development & Early Education
 Family Studies Family Therapy

Committee Chair: _____ (Graduate Advisor)

Signature: _____ **Date:** _____

Committee Member 1: _____

Signature: _____ **Date:** _____

Committee Member 2: _____

Signature: _____ **Date:** _____

Committee Member 3: _____ (Optional)

Signature: _____ **Date:** _____

Committee Member 4: _____ (Optional)

Signature: _____ **Date:** _____

Dept. Chair Signature: _____ **Date:** _____

Note: Students should consult their major component's handbook for information on committee membership requirements.

In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.

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School of Human Sciences

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