



TEXAS WOMAN'S  
UNIVERSITY

**School of Human Sciences  
Doctoral Advisory 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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member 4:** \_\_\_\_\_

**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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