

Committee & Topic Selection

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Name		WKU ID #	
Last	First	M/M	
Degree:		Concentration (if applicable):	
Topic of Study:			
Committee Chair Signature		Name (Please print or type)	
Committee Chair Signature	Date	Name (Please print or type)	
Committee Member Signature	 Date	Name (Please print or type)	
Committee Member Signature	Date	Name (riease pinit of type)	
Committee Member Signature	 Date	Name (Please print or type)	
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Committee Member Signature (optional)	 Date	Name (Please print or type)	
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Committee Member Signature (optional)	 Date	Name (Please print or type)	
Doctoral Studies Officer Signature (if applicable)			
Doctoral studies Officer Signature (II applicable)	Date		
Graduate School Officer Signature	 Date		