

APPOINTMENT OF DOCTORAL COMMITTEE

TCU College of Fine Arts

Student Name _____

TCU ID Number _____

I request appointment of the following faculty members to serve on my Doctoral (DMA)
Committee:

(include names and signatures of faculty)

1. _____

Printed Name: _____

Committee Chair and Major Professor

2. _____

Printed Name: _____

3. _____

Printed Name: _____

4. _____

Printed Name: _____

5. _____

Printed Name: _____

from the _____ (department other than Music)

Approved _____ Date _____
Director of the School of Music

Approved _____ Date _____
Director of Graduate Studies
College of Fine Arts