



Department of Anthropology Doctoral Dissertation Committee

Date:

Student's name:

GWID:

The members of this student's dissertation committee are:

Name	School/Dept.	Contact Info	Signature
Director		Email:	
Co-Director (optional)		Phone: Email:	
Reader		Phone: Email:	
Reader		Phone: Email: Phone:	

If this is a revised committee, please **only fill out the changes** and check this box:

Director of Graduate Studies

Date