The Committee Members of Ph.D.
Dissertation Proposal Examination

Student ID: Name:

Advisor & Co-Advisor:

Dissertation Title:

**Committee Members**:

1. Name/Title:

 Education:

 Work Experience:

 University/Company: □ M.E. Department □ Other:

2. Name/Title:

 Education:

 Work Experience:

 University/Company: □ M.E. Department □ Other:

3. Name/Title:

 Education:

 Work Experience:

 University/Company: □ M.E. Department □ Other:

4. Name/Title:

 Education:

 Work Experience:

 University/Company: □ M.E. Department □ Other:

5. Name/Title:

 Education:

 Work Experience:

 University/Company: □ M.E. Department □ Other:

Note: Committee members outside of CCU need the approval by the Academic committee

Signature of Academic Committee Convener: Date:

Signature of Department Chair: Date: