

UNIVERSITY OF MISSOURI-KANSAS CITY

School of Nursing & Health Studies-Doctoral Program

APPOINTMENT OF PhD SUPERVISORY COMMITTEE

FORM A

Student Name Student Signature Date

Student ID#: _____

The following individuals have agreed to serve on the supervisory committee for the above mentioned student:

Acceptance Signature/Date

Change/Replacement Signature/Date

Chairperson Date

Chairperson Date

Member Date

Member Date

Member Date

Member Date

Member Date

Member Date

Member Date

Member Date

Member Date

Member Date

Rationale for requesting committee membership change

Request submitted by:

Student Signature Date

Supervisory Chairperson Signature Date

Program Director Signature Date

Approved 2/26/99 Ph.D. Committee/Reviewed 12/5/06; 2/8/12; 8/18; 5/2019

Copies to: School of Nursing & Health Studies Student Services, Chairperson, Student