## REPORT OF DISSERTATION COMMITTEE COMPOSITION (RDCC)

## **Student Information**

			1 T 1		•••
Last Name	First Name	Midd	le Initial	Banner ID # (or last 4 d	igits)
Expected Graduation Semester	Tel #	Email Address		Academic Program	
Dissertation Title					
	Dissertati	ion Committee G	uidelin	es	
	must be composed o members of the grad ers who are <b>full</b> or <b>as</b> than <b>one</b> member fr graduate coordinate its this form (RDCC) duate Faculty Repress fice of Research Con	f: uate faculty (including the cossociate members of the grad or another institution or or department chair ) to the Graduate College for sentative who will serve on t	ommittee ch luate facult <u>y</u> r final appro he committe d <b>prior</b> to co	hair) y oval by the <b>end of the third s</b> ee. onducting any research.	
Committee Member	·Name	Department		Sign and Date Below to Consent to Serve on Committee (ALL MUST SIGN)	
Major Professor / Commit	ttee Chair			Signature	Date
1.					
2.					
3.					
4.					
5.					

Department Chair or Graduate Coordinator (Print Name)

Department Chair or Graduate Coordinator Signature Date

## **GRADUATE COLLEGE USE ONLY BELOW THIS LINE**

Graduate Faculty Representative (This entry to be completed by the Graduate College)

Name

Department

Approval of Committee Members by the Graduate College:

Signature

Date

North Carolina A & T State University \* The Graduate College \* 120 Gibbs Hall \* Greensboro, NC 27411