



TEXAS WOMAN'S
UNIVERSITY

Department of Family Sciences
Dissertation Committee Membership

Student Name: _____ Date: _____

TWU E-mail: _____ Student ID: _____

Program: Early Childhood Development & Education

Family Studies Family Therapy

Committee Chair: _____ (Graduate Advisor)

Signature: _____ Date: _____

Committee Member 1: _____

Signature: _____ Date: _____

Committee Member 2: _____

Signature: _____ Date: _____

Committee Member 3: _____ (Optional)

Signature: _____ Date: _____

Committee Member 4: _____ (Optional)

Signature: _____ Date: _____

Dept. Chair Signature: _____ Date: _____

Note: Students should consult their major component's handbook for information on committee membership requirements.

In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.

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Department of Family Sciences

P.O. Box 425769 | Denton, TX 76204 | 940 898 2685 | twu.edu/family-sciences