



TEXAS WOMAN'S UNIVERSITY

Department of Family Sciences
Doctoral Advisory 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: _____

Signature: _____ Date: _____

Committee Member 4: _____

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.

Revised March 2018

Department of Family Sciences