

Department of Rehabilitation Sciences
College of Allied Health
University of Oklahoma Health Sciences Center

Doctoral Thesis Committee

Students are responsible for completion of this form, with advice and consultation from the faculty advisor, after identifying members of the doctoral thesis committee. Committee members' signatures indicate their approval of the proposal and agreement to serve on the committee.

Name of student:

Date:

Area of specialization: musculoskeletal pediatrics

Title of project:

Faculty advisor:

Expected date of graduation:

The following faculty members have agreed to service as members of this student's doctoral thesis committee. Committees are made up of the advisor and at least two other faculty members, at least one of whom must be faculty in the Department of Rehabilitation Sciences.

Committee Member's Name	Committee Member's Signature	Institution/Department
Chair:		