

*Department of Kinesiology & Applied Physiology
Applied Physiology Program
The University of Delaware*

Dissertation Committee

Name of Student _____ Date Matriculated: _____

Committees must have a minimum of four members (three with primary appointments in the Applied Physiology Program and one from outside the Applied Physiology Program). Committee members may be outside of UD.

Dissertation Advisor:

1) Name: _____ Signature: _____ Date: _____

Other Members of the Committee:

2) Name: _____ Signature: _____ Date: _____

Primary Departmental Affiliation: _____

3) Name: _____ Signature: _____ Date: _____

Primary Departmental Affiliation: _____

4) Name: _____ Signature: _____ Date: _____

Primary Departmental Affiliation: _____

5) Name: _____ Signature: _____ Date: _____

Primary Departmental Affiliation: _____