



FranklinPierce
UNIVERSITY

College of Graduate and Professional Studies

Dissertation Committee Form

Instructions: Fill in the following information and submit this form with your first dissertation course registration.

Student Name _____ Student ID: _____

Dissertation Title: _____

Committee Members:

Dissertation Committee Chairperson _____

First Reader _____

Contact Information: Email Address _____

Business Address _____

Telephone Number _____

Birthdate _____

Second Reader _____

Contact Information: Email Address _____

*(IF NOT CORE FACULTY) Business Address _____

Telephone Number _____

Birthdate _____