

PORTLAND STATE UNIVERSITY
DEPARTMENT OF ELECTRICAL & COMPUTER ENGINEERING

Appointment of Doctoral Advisory Committee

Student Name: _____ **Student ID Number:** _____

An advisory committee for the doctoral degree student shall consist of *at least three faculty members*, representatives of the student field of study. The members of the advisory committee shall be appointed at a time *no later than* six months prior to the completion of the comprehensive examination.

PhD Advisory Committee	Name	Signature
Adviser/Chair:		
2:		
3:		
Committee's Comments:		

Expected Term/Date of Comp Exam: _____

PhD students are REQUIRED to be registered for the term in which they will be completing their comprehensive examination.



By checking this box, and signing this form, I understand that I must be registered for at least one credit during the term in which I will be completing my comprehensive examination.

Student Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____