

CONSORTIUM FOR DOCTORAL STUDIES IN TECHNOLOGY MANAGEMENT

Recommendation for Program Planning Committee

Student's Name : _____
Soc. Sec. # : _____
Home University : _____
Area of Specialization: _____

The committee will be composed of three members: one from ISU, one from the major area of specialization, and one consortium graduate faculty member at the home university.

Please type the names in the left column and have each member sign in the right column verifying acceptance of appointment.

Member – Indiana State University

Member – Area of Specialization

Member – Consortium Graduate Faculty (Home University)

Student: _____

Program Planning Committee Chairperson: _____

Ph.D. Program Coordinator: _____

Approval of Ph.D. Graduate Program Director (ISU): _____

Approval of Dean, School of Graduate Studies (ISU): _____

Distribution:

Home University
Ph.D. Graduate Program Coordinator
Indiana State University
Ph.D. Program Director
Dean, School of Graduate Studies