

PROGRAM PLANNING COMMITTEE FORM
PHD IN TECHNOLOGY MANAGEMENT CONSORTIUM

This committee will be comprised of three **Consortium Faculty Members**:

Faculty Member in Good Standing:	Indiana State University--REQUIRED
Faculty Member in Good Standing:	Area of Specialization
Faculty Member in Good Standing:	Home University

Student: _____
Name (Print) Signature Date

ISU
ID: _____
(991-xxx-xxx)

Home University: _____ Area of Specialization: _____
BGSU/ECU/ISU/ /UCM CNST/DIGI/HRD/MFG/QS **Faculty**

Committee Members:

1. _____
Name (Print) Signature Date

2. _____
Name (Print) Signature Date

3. _____
Name (Print) Signature Date

Approval:
Program Planning

Committee Chair: _____
Name (Print) Signature Date

PhD Coordinator: _____
Name (Print) Signature Date

PhD Director: _____
Name (Print) Signature Date

Academic Dean: _____
Name (Print) Signature Date

Distribution: Signatories as sequenced; Program Office; Office of the Registrar (ORR/ISU)