

Lamar University
Department of Speech & Hearing Sciences
Doctoral Degree in Audiology (Au.D.)
Doctoral Committee Selection Form

Date: _____

Candidate's Name: _____ Student ID#: _____

Doctoral Committee composition (Printed name & signature)

Doctoral Advisor: _____

Committee
Member: _____

Committee
Member: _____

Student's
Signature: _____ Date: _____

Department
Chair's Signature: _____ Date: _____

College Dean's
Signature: _____ Date: _____

Graduate Dean's
Signature: _____ Date: _____