

## **Doctoral Dissertation Committee Approval Form**

Name: Program:			
First Reader	Name:		
	Affiliation:		
	Signature:		
Second Reader	Name:		
	Affiliation:		
	Signature:		

Submit this document electronically in an email to sedadaa@bu.edu for review. You will be notified by email within two weeks if your committee has been approved by email.



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inira keader	name:	
	Affiliation:	
	Signature:	
Fourth Reader	Name:	
(optional)		
	Affiliation:	
	Signature:	
Rationale for Commi	ttee Composit	ion:
Student Signature:		
Stadent Signature.		
Committee Chair /		
Advisor Signature:		

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