



COLLEGE *of*  
FINE ARTS

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*School of Music*

## **APPOINTMENT OF DOCTORAL COMMITTEE**

Student Name

TCU ID Number

I request appointment of the following faculty members to serve on my

Doctoral (DMA) Committee:

Committee Chair & Major Professor's Name:

Signature of Committee Chair:

Co-Committee Chair or  
Committee Member's Name:

Signature of Co-Committee Chair or  
Committee Member:

Committee Member's Name:

Signature of Committee Member:

Committee Member's Name:

Signature of Committee Member:

Committee Member's Name  
(outside the School of Music):

Signature of Committee Member:

Signature of Director, School of Music: