

**Ph.D. PROGRAM OF STUDY COMMITTEE
ARIZONA STATE UNIVERSITY
SCHOOL OF PUBLIC AFFAIRS**

Date _____	
PhD student _____	ASU ID# _____
Street address _____	
City/State/Zip _____	
Email address _____	

As you select your Program of Study committee, please have each member sign his/her agreement to serve.

Committee:

Chair	Academic Unit	Signature
Co-Chair	Academic Unit	Signature
Member	Academic Unit	Signature
Member	Academic Unit	Signature
Member	Academic Unit	Signature
Member	Academic Unit	Signature
Member	Academic Unit	Signature

Please submit this completed document to the School of Public Affairs.

Signature of student _____	Date _____
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