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Dissertation Advisor/MTA/Advisory Committee Declaration Form

STUDENT INFORMATION	
Student Name	Date of Matriculation:
Current MTA:	
Advisor Information	
Dissertation Advisor: (Print)	
Dissertation Advisor: (Sign)	
Chair Advisory Committee: (Print)	
Chair Advisory Committee: (Sign)	
Advisor (Print):	
Advisor (Sign)	
Advisor (Print):	
Advisor (Sign)	
Advisor (Print):	
Advisor (Sign)	
I AGREE TO FULFILL THE REQUIREMENTS OF THE PROPOSED TRAINING AREA.	
Student Signature	Date
Approvals	
MTA Director signature	Date
Graduate School Dean signature	Date