

**DOCTORAL COMMITTEE APPOINTMENT FORM**  
**RECEIVED-UT**  
 The University of Tennessee  
 The Graduate School

**Submit Form by Deadline to:**  
 The Graduate School  
 P-105 Andy Holt Tower  
 Knoxville, TN 37996-0104

MAY 08 2008  
 GRADUATE SCHOOL

Name: New Joshua Ryan  
Last First Middle

Street: 3500 Sutherland Ave Apt H116

Knoxville TN 37919  
City State Zip

Student ID #: 000-26-5106

TO BE COMPLETED BY GRADUATE SCHOOL

*Candyn R. Hodges*  
 \_\_\_\_\_  
 Dean of the Graduate School

6-3-2008  
 \_\_\_\_\_  
 Date

**Committee Recommended:**

Type or print name and department. Signature indicates both acknowledgment of request and willingness to serve.

Name	Department	Signature
<input checked="" type="checkbox"/> <u>Dr. Jian Huang</u> <small>(Chairperson)</small>	<u>Elec Eng &amp; Computer Science</u>	<i>[Signature]</i>
<input checked="" type="checkbox"/> <u>Dr. Elissa Chesler</u>	<u>Genome Science &amp; Tech</u>	<i>[Signature]</i>
<input checked="" type="checkbox"/> <u>Dr. Michael Langston</u>	<u>Elec Eng &amp; Computer Science</u>	<i>[Signature]</i>
<input checked="" type="checkbox"/> <u>Dr. Lynne Parker</u>	<u>Elec Eng &amp; Computer Science</u>	<i>[Signature]</i>

**Change in Previously Appointed Committee:**

Indicate above the recommended membership of the Committee. Signatures are needed for new members and those being removed.\*  
 A statement indicating the reason for the proposed change must be provided below by the department head.

Add to the Committee:

_____	_____	_____
_____	_____	_____

Remove from the Committee:

_____	_____	_____
_____	_____	_____

Reason for Changes:

\* Signatures are not required to remove persons whose UT faculty appointments have been terminated or who are absent from the campus for an extended period.

*Nicola*  
 \_\_\_\_\_  
 Department Head (Approval)

5/6/08  
 \_\_\_\_\_  
 Date