Department of Communicative Disorders and Sciences
AuD Research Project

RESEARCH COMMITTEE

Student: ________________________________

As of __________________, the tentative title of this student’s Research Project is:
(date)

The following individuals have agreed to serve on this student’s Research Committee:

1. ________________________________  ____________________________  (date)
   (Research Advisor)  (signature)

2. ________________________________  ____________________________  (date)
   (Committee member)  (signature)

3. ________________________________  ____________________________  (date)
   (Committee member)  (signature)