

**For Doctoral Dissertation Committee Members Who Are Not Faculty of The
University of Texas at Austin**

Please complete the information requested as applicable

To Be Completed By Student

Name: _____

Address: _____

Student EID: _____

Degree and Area: _____

To Be Completed by the Non-UT Committee Member

Committee Member's Name: _____

Title and University: _____

Address for Correspondence: _____

As a member of the above named student's doctoral committee, I have agreed to serve on the student's committee and understand that The University of Texas at Austin will not reimburse me for any expenses incurred. I have enclosed with this document a curriculum vitae as required by the office of Graduate Studies.

Signature

Date

Please return this form to:

Charmarie Burke
Department of Astronomy
1 University Station, C1400
Austin, TX 78712
512-471-6016

Or fax to: