

**Lamar University**  
**Department of Speech & Hearing Sciences**  
**Doctoral Degree in Audiology (Au.D.)**  
**Doctoral Committee Selection Form**

Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**Doctoral Committee composition (Printed name & signature)**

Doctoral Advisor: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_