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**George Mason University**  
**School of Public Policy**  
**Field Research Committee**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tentative Title of Field Statement: \_\_\_\_\_

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The following professors have agreed to serve on my field research committee:

	Name	Signature	Date
Chair	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____

**Approved By:**

Director of Ph.D.  
Student Services \_\_\_\_\_

Ph.D. Program Director \_\_\_\_\_

SPP Dean \_\_\_\_\_

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Please return this form to the Director of Ph.D. Student Services, Arlington O 224, MS 3B1.

**SPP Ph.D. Form 3**