
George Mason University
School of Public Policy
Field Research Committee

Student's Name: _____ Date: _____

Tentative Title of Field Statement: _____

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

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

Approved By:

Assistant Dean
Program Management _____

Ph.D. Program Director _____

SPP Dean _____

Please return this form to SPP Ph.D. Student Services, Founders Hall 5th Floor, MS 3B1.

SPP Ph.D. Form 3