



TEXAS WOMAN'S  
UNIVERSITY

Department of Human Development, Family Studies, & Counseling  
Doctoral Advisory Committee Membership

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

TWU E-mail: \_\_\_\_\_ Student ID: \_\_\_\_\_

Program:  Child Development & Early Education

Family Studies

Family Therapy

Committee Chair: \_\_\_\_\_ (Graduate Advisor)

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

Committee Member 1: \_\_\_\_\_

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

Committee Member 2: \_\_\_\_\_

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

Committee Member 3: \_\_\_\_\_

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

Committee Member 4: \_\_\_\_\_

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

Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Students should consult their major component's handbook for information on committee membership requirements.

*In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.*

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**Department of Human Development, Family Studies, & Counseling**

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