



**Community and Behavioral Health
Doctoral Comprehensive Examination Committee
Commitment to Serve as a Member**

Name of Candidate

Predicted Date (Month) of Examination

Committee Member Signatures

Chair Signature

Date

Member Signature

Date

Member Signature

Date

Member Signature

Date

Member Signature

Date

Approved by CBH Department Head

Date

Please return to Graduate Program Coordinator, N477 CPHB