

**COLLEGE OF CRIMINAL JUSTICE  
SAM HOUSTON STATE UNIVERSITY  
DOCTORAL PORTFOLIO COMMITTEE ESTABLISHMENT FORM**

**NAME:** \_\_\_\_\_ **SAM ID #** \_\_\_\_\_

**LOCAL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**LOCAL PHONE NO:** \_\_\_\_\_

**WORK PHONE NO:** \_\_\_\_\_

**CELL PHONE NO:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Please answer the following questions:

- 1) What semester do you plan to defend your Portfolio? \_\_\_\_\_  
semester/year
  
- 2) What is the theme of your portfolio focal areas?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3) Have all 46 hours of required coursework been completed? \_\_\_\_\_
  
- 4) Do you have any "IP's" that are more than one (1) semester old? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 5) Your committee membership nominations are:  

Chair _____	Already agreed to serve? _____
Member _____	Already agreed to serve? _____
Member _____	Already agreed to serve? _____

Please return this form to the GRADUATE PROGRAMS OFFICE at least 30 days prior to the defense date.

**Graduate Programs Office, College of Criminal Justice  
Sam Houston State University  
Huntsville, Texas 77341  
(936) 294-3637**

I certify that all of the above information is accurate and true:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Approved: Director of CJ Ph.D. Program** \_\_\_\_\_ **Date:** \_\_\_\_\_