

**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:** _____