# Designación Comité de Disertación/Proyecto



Centro de Estudios Graduados e Investigación

# (Dissertation/Project Committee Appointment)

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| Información Personal (Personal Information) | | | | | | | |
|  | | |  |  | | |  |
| Fecha: | | |  |  | | |  |
| **(Date)** | | |  |  | | |  |
| Nombre del Estudiante: | | |  | Número de Estudiante: | | |  |
| **(Student Name)** | | |  | **(Student Number)** | | |  |
| Dirección Postal: | | |  | | | | |
| (**Postal Address)** | | |  |  | | |  |
| Teléfono: | | |  | Correo Electrónico: | | |  |
| **(Phone Number)** | | |  | **(E-mail)** | | |  |
| Programa Académico (Academic Program) | | | | | | | |
|  | | | | | | | |
| Doctorado en Educación, Currículo, Enseñanza y Ambientes de Aprendizaje (EdD – Curriculum, Teaching and Learning Environments) | | | | | | | |
| Doctorado en Educación, Liderazgo Educativo (EdD – Educational Leadership) | | | | | | | |
| Doctorado en Administración de Empresas, Gerencia (DBA – Management) | | | | | | | |
| Doctorado en Administración de Empresas, Sistema de Información (DBA – Information Systems) | | | | | | | |
| Doctorado en Filosofía, Ciencias Ambientales (PhD – Environmental Science) | | | | | | | |
| Doctorado en Filosofía, Estudios Culturales (PhD – Cultural Studies) | | | | | | | |
| Doctorado en Consejería Psicológica (PsyD – Counseling Psycology) | | | | | | | |
|  | | | | | | | |
| Designación Miembros Comité (Committee Members appointment) | | | | | | | |
| Director: |  | | | |  | | | |
| **(Chair)** | Nombre (Name) | | | | Firma (Signature) | | | |
| Miembro: |  | | | |  | | | |
| **(Member)** | Nombre (Name) | | | | Firma (Signature) | | | |
| Miembro: |  | | | |  | | | |
| **(Member)** | Nombre (Name) | | | | Firma (Signature) | | | |
| Miembro: |  | | | |  | | | |
| **(Member)** | Nombre (Name) | | | | Firma (Signature) | | | |
| Miembro: |  | | | |  | | | |
| **(Member)** | Nombre (Name) | | | | Firma (Signature) | | | |
| Aprobación (Approval) | | | | | | | |
|  |  | | | |  | | | |
| Estudiante: | |  | | | |  | | | |
| **(Student)** | | Nombre (Name) | | | | Firma (Signature) | | | |
| Director/Coordinador Programa: | |  | | | |  | | | |
| **(Program Director/Coordinator)** | | Nombre (Name) | | | | Firma (Signature) | | | |
| Director Departamento: | |  | | | |  | | | |
| **(Department Director)** | | Nombre (Name) | | | | Firma (Signature) | | | |

Favor entregar documento original al Centro de Estudios Graduados e Investigación para su debido trámite.

**(Please bring to the Center for Graduate Studies and Research the original document for processing.)**