



**Dissertation Fellowship Program in Retirement or Disability Research
2024 Dissertation Committee Chair Form**

Date: _____

Name: _____

Position: _____

Institution: _____

E-mail: _____

Phone: _____

Serving as dissertation committee chair for: _____

I approve the research methodology for _____'s
proposal to the 2024 Dissertation Fellowship Program in Retirement or Disability Research.

Signature