



San Francisco Bay Area Campus
1005 Atlantic Avenue
Alameda, CA 94501

DOCTORAL COMMITTEE MEMBER INVOICE

(to be submitted by the committee member at the completion of oral defense)

Please indicate: Dissertation Doctoral Project

Program: PsyD EdD Counseling Business Education

Oral defense date: _____

Doctoral committee member's name: _____

Mailing address: _____

City, State, Zip: _____

Office phone #: _____

Social Security# (for tax purposes!): _____

Name of doctoral student: _____

Your position on the committee: _____

Committee member signature Date

Argosy University Faculty Contact Date

AU/SFBA – Program Chair Date

Thank you for your service on this doctoral candidate's committee

Please return this form to:
Argosy University – San Francisco Bay Area
1005 Atlantic Avenue
Alameda, CA 94501

For office use: For services rendered as a doctoral committee member on this candidate's doctoral committee, Argosy University – SFBA is to remit payment in the amount of:

\$ _____ Payment will not be made until the oral defense is completed and the Program Chair has signed.