

FORM B

THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPROVAL OF THE DISSERTATION COMMITTEE

Return the completed form, with all signatures, to:
The Graduate School, 4th Floor, Montclair State University, Montclair, NJ 07043

Student Name: _____ CWID #: _____

Address: _____ Date: _____

Program: _____

Instructions to doctoral student: Please identify below the members of the Dissertation Committee and obtain their consent to serve. The Chair of the Committee must hold doctoral faculty status at MSU. The committee must consist of a minimum of three (3) MSU faculty members, including the Chair. If outside members are included in the committee, Form C for each outside member must be submitted **with this form**.

Working Dissertation Topic: _____

			Outside Member
_____ Committee Member	_____ Signature	_____ Date	<input type="checkbox"/>
_____ Committee Member	_____ Signature	_____ Date	<input type="checkbox"/>
_____ Committee Member	_____ Signature	_____ Date	<input type="checkbox"/>
_____ Committee Member	_____ Signature	_____ Date	<input type="checkbox"/>
_____ Chair of Committee	_____ Signature	_____ Date	

Doctoral Program Director: Please review this Dissertation Committee request, make one of the following determinations and forward this form to The Graduate School.

- ☐ I confirm that the Chair has doctoral faculty status at MSU, and recommend the dissertation committee as outlined above
- ☐ The dissertation committee is **not** recommended for the following reason(s):
- ☐ A minimum of three committee members has not been identified.
 - ☐ More than one committee member has been selected from outside the student's discipline.
 - ☐ Committee members have been identified from outside Montclair State University without the approval of the Dean of The Graduate School.

Signature, Doctoral Program Director

Date

The Graduate School's Use Only

The Dissertation Committee is: ☐ Approved ☐ Denied (Comments: _____)

Signature, Dean of The Graduate School or Designee

Date