

## FORM B

THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY  
APPROVAL OF THE DISSERTATION COMMITTEE

Return the completed form, with all signatures, to: [docstudy@montclair.edu](mailto:docstudy@montclair.edu)

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. Working Dissertation Topic: \_\_\_\_\_

			Outside Member
_____	_____	_____	<input type="checkbox"/>
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	
_____	_____	_____	
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 \_\_\_\_\_