

FORM C

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
REQUEST FOR APPROVAL OF OUTSIDE DISSERTATION COMMITTEE MEMBER**

Return the completed form, with all signatures, to: docstudy@montclair.edu

Student Name: _____ CWID #: _____

Address: _____ Date: _____

_____ Program: _____

Name of Dissertation Chair: _____

Instructions to Outside Faculty Member: Please print and sign your name, date the form and provide a copy of your current curriculum vitae.

Committee Member, (Please print name) Permanent E-mail address

Signature, Proposed Committee Member Date

Doctoral Program Director: Please review this request for an outside Dissertation Committee member, make the following determinations and forward this form to the Dean of your college.

- ☐ I recommend the Dissertation Committee membership as outlined above.
- ☐ I support the membership of this applicant from *outside the degree-granting department* as part of this committee.
(See attached CV)

Name of outside department: _____

- ☐ I support the membership of this applicant from *outside the Montclair State University community* as part of this committee (See attached CV.)

- ☐ I do *not* recommend the Dissertation Committee membership as outlined above.

(Comments: _____)

Signature, Doctoral Program Director Date

Signature, College Dean Date

The Graduate School's Use Only

The Dissertation Committee member is: ☐ Approved ☐ Denied

(Comments: _____)

Signature, Dean of The Graduate School or Designee Date

Distribution: The Graduate School, Doctoral Program Director, Dissertation Chair, Student