

## FORM B - Committee

### THE GRADUATE SCHOOL MONTCLAIR STATE UNIVERSITY APPROVAL OF THE DISSERTATION COMMITTEE

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

Student Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Doctoral Program Director:** Please make one of the following determinations; submit form to [docstudy@montclair.edu](mailto:docstudy@montclair.edu)

- ☐ I confirm that the Chair has doctoral faculty status at MSU, and recommend the dissertation committee as outlined.
- ☐ The dissertation committee above is ***not*** recommended for the following reason(s):
- ☐ Fewer than three committee members have been identified.
  - ☐ More than one committee member has been selected from outside the F/T MSU Faculty.
  - ☐ Committee membership does not meet the program requirements.

Describe \_\_\_\_\_

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 \_\_\_\_\_

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

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\*Outside Committee Member is any member who is not a f/t MSU faculty member. Approval, via Form C, must be obtained for an Outside Member to serve. Only one will be permitted.