

**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. A minimum of 3 MSU faculty members must be identified. 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  |                          |
| _____              | _____     | _____ | <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 [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 above.
- The dissertation committee is **not** recommended for the following reason(s).
- A minimum of three committee members has not been identified.
- 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: \_\_\_\_\_)

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Signature, Dean of The Graduate School or Designee

\_\_\_\_\_  
Date

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