

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
REQUEST FOR APPROVAL OF AN EXTERNAL THESIS COMMITTEE
MEMBER**

Student Name: _____ CWID #: _____

MSU email: _____ Date: _____

Address: _____ Program: _____

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)

Signature, Committee Member _____
Date

Graduate Program Coordinator: Please review this request for an external Thesis Committee member, make the following determinations and forward this form to the Chair of the department.

___ I recommend the Thesis Committee membership as outlined above.

___ 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 Thesis Committee membership as outlined above.

(Comments: _____)

Signature, Graduate Program Coordinator _____
Date

Signature, Department Chair _____
Date

The Graduate School's Use Only

The Thesis Committee member is: Approved Denied

(Comments: _____)

Signature, Dean of The Graduate School or Designee _____
Date

Distribution: The Graduate School, Graduate Program Coordinator, Department Chair, Thesis Sponsor, Student