



DARTMOUTH
 SCHOOL OF GRADUATE
 AND ADVANCED STUDIES
 1 8 8 5

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Request for Approval of Master's Examination Committee (AM, MS)

Student Name:	
Program:	
Degree:	

Examination committees generally consist of three faculty members from the student's department/program of study (including the thesis advisor). One of the three may be from outside the department/program, but this is not a requirement.

Committee Member #1 Full-time Dartmouth faculty member with faculty appointment in your program

Dissertation Advisor:	
Department:	
Advisor Title:	

(Professor, Associate, Assistant, Adjunct, etc.)

Committee Member #2 Full-time Dartmouth faculty member with faculty appointment in your program

Dissertation Advisor:	
Department:	
Faculty Title:	

(Professor, Associate, Assistant, Adjunct, etc.)

Committee Member #3 Full-time Dartmouth faculty member (inside or outside your program)

Dissertation Advisor:	
Department:	
Academic Institution:	
Faculty Title:	

(Professor, Associate, Assistant, Adjunct, etc.)

Approval Signatures:

_____	Advisor	_____	Date
_____	Graduate Chair	_____	Date
_____	Graduate Office	_____	Date

This form is required by the Office of Graduate Studies. After completing and securing advisor and Graduate Chair signatures, please return to the department office for transmittal to the Graduate Office.