



Thesis/Dissertation Committee Appointment Form

Candidate's Name: _____ Banner ID: _____

Degree and Program: _____

College: _____ Department: _____

I understand that research involving human subjects (including surveys, questionnaires, and interviews), animals, and/or r-s DNA and biological hazardous materials requires approval from the appropriate regulatory research oversight committees (IRB, IACUC, IBC). I certify that I will comply with current applicable Rowan University policies, federal regulations, and required training pertaining to research before and during all stages of my research.

Candidate's Signature: _____ Date: _____

The thesis/dissertation committee must be comprised of at least three members, including the Thesis/Dissertation Advisor. Please check with your department/program for further requirements.

Committee Chair (*Print name*) _____ Department _____

Signature _____ Date _____

Committee Member (*Print name*) _____ Department _____

Signature _____ Date _____

Committee Member (*Print name*) _____ Department _____

Signature _____ Date _____

Committee Member (*Print name*) – Optional _____ Department _____

Signature _____ Date _____

Committee Member (*Print name*) – Optional _____ Department _____

Signature _____ Date _____

College Approval:

Program Coordinator (*Print name*) _____ Signature _____ Date _____

Department Chair/Head (*Print name*) _____ Signature _____ Date _____

College Dean (*Print name*) _____ Signature _____ Date _____

School of Graduate Studies Approval: **(Please upload form to the Pre-Submittal Workshop in order to receive final signature.)**

Dean of the School of Graduate Studies (*Print name*) _____ Signature _____ Date _____