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 ___________________________