



## DISSERTATION EXAMINATION COMMITTEE

The Dissertation Examination Committee consists of a minimum of six members. At least two members of the committee must be readers who have not been part of the Thesis Advisory Committee (TAC), and one of these must be from outside of the student's home department/institute. Readers are nominated by the TAC and approved by the department chair. The Dissertation Examination Committee must also include at least one member from outside the UMDNJ Newark Campus, who can be a reader or a member of the TAC. Programs may add additional requirements. The nomination of readers should be supported by an explanation of their expertise relevant to the student's research area.

Student: \_\_\_\_\_

Program/Track: \_\_\_\_\_ Defense Date: \_\_\_\_\_ 20\_\_

Degree program:  Ph.D.  M.D./Ph.D  D.M.D./Ph.D.

Program/Track Director: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

Signature

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

Signature

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

Signature

Dissertation Examination Readers: (3 members)

Name: \_\_\_\_\_ Academic Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Expertise: \_\_\_\_\_

Name: \_\_\_\_\_ Academic Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Expertise: \_\_\_\_\_

Name: \_\_\_\_\_ Academic Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Expertise: \_\_\_\_\_

Name: \_\_\_\_\_ Academic Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Expertise: \_\_\_\_\_

**Dissertation Examination Committee Form Continued.**

**Student:** \_\_\_\_\_

Thesis Advisory Committee Members: (previously approved)

Name: \_\_\_\_\_ Academic Title \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Academic Title \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Academic Title \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Academic Title \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

GSBS Approval: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_