

# Dissertation Committee Formation Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall  
For any questions, please call 617-552-4928 or fax 617-552-2121.

Student / Candidate's Name: \_\_\_\_\_

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

Title of Dissertation (Tentative): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dissertation Committee Chairperson (please print): \_\_\_\_\_

\*Signature \_\_\_\_\_

Second Committee Member (please print): \_\_\_\_\_

\*Signature \_\_\_\_\_

Third Committee Member (please print): \_\_\_\_\_

\*Signature \_\_\_\_\_

Fourth Committee Member (optional) (please print): \_\_\_\_\_

\*Signature \_\_\_\_\_

Fifth Committee Member (optional) (please print): \_\_\_\_\_

\*Signature \_\_\_\_\_

**\*Signature indicates willingness to serve on the dissertation committee**

Date Rec'd in CSON Graduate Programs Office: \_\_\_\_\_