

EXTERNAL COMMITTEE MEMBERSHIP APPLICATION

Student's Name: _____ SS/ID#: _____

Graduate Program: _____

Committee Type: **Masters Thesis** **Doctoral Dissertation** **Qualifying Examination**

Name and title of individual to serve on committee:

Justification for request: _____

Is this a blanket exception or for this committee only? _____

Please attach curriculum vitae to this form.

Graduate Adviser (Please sign and print name)

Date

Associate Dean, Graduate Studies

Date

Chair, Graduate Council

Date