

University of Maryland, Baltimore School of Graduate Studies

Nomination of Members for Final Master's Examination Committee

1. File this form with the Graduate School at least two months before your final examination.
2. The committee must have between three and five members, of whom at least three must be members of [Graduate Faculty](#).
3. Designate the chair and two other members as "readers". Two weeks before the final examination, the readers must certify that the masters thesis is complete and ready to be defended by filing the *Certification of Completion of the Master's Thesis Form* with the Graduate School.
4. For proposed examiners who are not members of the [Graduate Faculty](#), provide a curriculum vitae.
5. Submit this form to gradforms@umaryland.edu or Graduate School, 620 W. Lexington St., Fifth floor

Student Last Name:	Student First Name:	Student ID Number: @
E-mail address:	Graduate Program:	Proposed Date of Examination: (month) (day) (year)

Thesis Committee			
Committee Chair (1):	Reader <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Department:	** Graduate Faculty Status : <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (2):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	** Graduate Faculty Status : <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (3):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	** Graduate Faculty Status : <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (4):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	** Graduate Faculty Status : <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (5):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	** Graduate Faculty Status : <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)

Approval Signatures or Electronic Signatures		
Committee Chair:	Signature:	Date:
Graduate Program Director:	Signature:	Date:
Graduate School Associate Dean: Dr. Erin Golembewski	Submit application to Graduate School Dean's Office for signature:	Date:

Dean's Representative
Graduate School assigned Dean's Representative:

**Graduate Faculty membership status (regular, associate, or special) is available:

<https://www.graduate.umaryland.edu/About/Faculty/Graduate-Faculty/>

Revised: 1/31/2025