

## University of Maryland, Baltimore School of Graduate Studies

# Nomination of Members for Final Doctoral Examination Committee

1. File this form with the Graduate School at least six months before your final examination.
2. The chair and at least two committee members must be **\*\*Graduate Faculty** Regular Members.
3. The committee must have between five and seven members, all of whom must hold a doctoral degree.
4. At least one committee member must be from outside the candidate's program.
5. Designate the chair and two other members as "readers". Two weeks before the final examination, the readers must certify that the doctoral dissertation is complete and ready to be defended by filing the *Certification of Completion of the Doctoral Dissertation Form* with the Graduate School.
6. For proposed examiners who are not members of the **\*\*Graduate Faculty**, provide a curriculum vitae.
7. Submit this form to [gradforms@umaryland.edu](mailto:gradforms@umaryland.edu) or Graduate School, 620 W. Lexington St., First Floor

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

## Dissertation Committee

Committee Chair (1):	Reader <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Department:	<b>**Graduate Faculty Status:</b> <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:	<b>**Graduate Faculty Status:</b> <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:	<b>**Graduate Faculty Status:</b> <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:	<b>**Graduate Faculty Status:</b> <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:	<b>**Graduate Faculty Status:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (6):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	<b>**Graduate Faculty Status:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (7):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	<b>**Graduate Faculty Status:</b> <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: