

This form is to be completed on formation of the Master's Thesis committee and submitted to the Office of Graduate Studies, Fenster Hall, Suite 140. Committee members must meet the criteria for membership specified in the on-line NJIT graduate catalog.

Additionally, please check the [Guidelines for Graduate Faculty at NJIT](#).

This appointment report must be submitted to the Graduate Studies Office **before scheduling the Thesis Final Defense**.

Name of Student	_____	Last	_____	First
Master's Program	_____	I. D. #	_____	
Preliminary Title of Thesis	_____			

Date Committee Formed:	_____			

THESIS COMMITTEE INFORMATION

Thesis Committee Chair or Co-Chairs:			
Name	Department/Affiliation	Rank	
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
Members of Thesis Committee:			
Name	Department/Affiliation	Rank	
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature

Department Program Director		
_____	_____	_____
Print Name	Signature	Date
Office of Graduate Studies		
_____	_____	_____
Print Name	Signature	Date