

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**.

**This form can be digitally signed. For instructions, please refer to the Office of Graduate Studies Website.**

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**

Sotirios G. Ziavras	_____	_____
Print Name	Signature	Date

- SPACMNT     SHATCMT     Tracked
- SHACOMI     Doc. Added