

**COMMITTEE APPOINTMENT REPORT**

This form is to be completed on formation of the Ph.D. dissertation committee and submitted to the Office of Graduate Studies, Fenster Hall, Suite 140. The committee must be formed within one year after the passing of the qualifying examination. 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 Research Proposal Defense**.

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

Name of Doctoral Candidate \_\_\_\_\_  
Last First

Ph. D. Program \_\_\_\_\_ I.D. # \_\_\_\_\_

Preliminary Title of Dissertation \_\_\_\_\_

Date of Committee Appointment \_\_\_\_\_

**DISSERTATION COMMITTEE INFORMATION**

**Dissertation Advisor or Co-Advisors:**

Name	Department/Affiliation	Rank	
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			

**Members of Dissertation Committee:**

Name	Department/Affiliation	Rank	
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			

**Doctoral Program Director**

\_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

**Department Chair**

\_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

**Graduate Studies**

Sotirios G. Ziaavras

\_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

- SPACMNT
- SHATCMT
- Tracked
- SHACOMI
- Doc. Added