



# DARTMOUTH

Guarini School of Graduate  
and Advanced Studies

## Request For Approval of Master's Examination Committee (AM, MS)

Student Name:	
Program:	
Degree:	

**Examination committee generally consists of three faculty members from the student's department/program of study (including the thesis advisor). One of the three may be from outside the department/program, but this is not a requirement.**

Committee Member #1: Full-time Dartmouth faculty member with faculty appointment in your program

Dissertation Advisor:	
Department:	
Advisor Title:	

*(Professor, Associate, Assistant, Adjunct, etc.)*

Committee Member #2: Full-time Dartmouth faculty member with faculty appointment in your program

Faculty Name:	
Department:	
Faculty Title:	

*(Professor, Associate, Assistant, Adjunct, etc.)*

Committee Member #3: Full-time Dartmouth faculty member (inside or outside your program)

Faculty Name:	
Department:	
Academic Institution:	
Faculty Title:	

*(Professor, Associate, Assistant, Adjunct, etc.)*

*Approval Signatures:*

_____	<i>Advisor</i>	<i>Date</i> _____
_____	<i>Graduate Chair</i>	<i>Date:</i> _____
_____	<i>Guarini School</i>	<i>Date:</i> _____

*This form is required by the Guarini School. After completing and securing advisor and Graduate Chair signatures, please return to the department office for transmittal to the Guarini School Office.*