



# DARTMOUTH

Guarini School of Graduate  
and Advanced Studies

## Request For Approval of PhD Examination Committee

Student Name:	
Program:	

**Examination committee must include 3 full-time Dartmouth faculty members of which a minimum of two must be from the student's graduate program (including the Dissertation advisor) as well as an external member with a faculty-equivalent research appointment outside of Dartmouth College. The external member may participate in meetings in person or via video conference.**

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	
Faculty Title	

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

Committee Member #4: Full-time Faculty member with appointment outside Dartmouth College

Faculty Name:	
Department	
Academic Institution:	
Faculty Title	

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

### Approval Signatures:

_____	Advisor	Date_____
_____	Graduate Chair	Date:_____
_____	Guarini School	Date:_____

*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.*