



Dissertation Committee Formation Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall
For any questions, please call 617-552-4928 or fax 617-552-2121.

Student / Candidate's Name: _____

Date: _____

Title of Dissertation (Tentative): _____

Dissertation Committee Chairperson (please print): _____

*Signature _____

Second Committee Member (please print): _____

*Signature _____

Third Committee Member (please print): _____

*Signature _____

Fourth Committee Member (optional) (please print): _____

*Signature _____

Fifth Committee Member (optional) (please print): _____

*Signature _____

***Signature indicates willingness to serve on the dissertation committee**

Date Rec'd in CSON Graduate Programs Office: _____