Thesis/Dissertation Committee Appointment Form

Candidate’s Name: ____________________________  Banner ID: ____________________________

Degree and Program: ____________________________

College: ____________________________  Department: ____________________________

☐ I understand that research involving human subjects (including surveys, questionnaires, and interviews), animals, and/or r-s DNA and biological hazardous materials requires approval from the appropriate regulatory research oversight committees (IRB, IACUC, IBC). I certify that I will comply with current applicable Rowan University policies, federal regulations, and required training pertaining to research before and during all stages of my research.

Candidate’s Signature: ____________________________  Date: ____________________________

The thesis/dissertation committee must be comprised of at least three members, including the Thesis/Dissertation Advisor. Please check with your department/program for further requirements.

Committee Chair (Print name)  Department

Signature __ Date __

Committee Member (Print name)  Department

Signature __ Date __

Committee Member (Print name)  Department

Signature __ Date __

Committee Member (Print name)  Department

Signature __ Date __

Committee Member (Print name)  Department

Signature __ Date __

Committee Member (Print name)  Department

Signature __ Date __

College Approval: (All signatures in this section are required before this form can be submitted to the Pre-Submittal Workshop.)

Program Coordinator (Print name)  Signature __ Date __

Department Chair/Head (Print name)  Signature __ Date __

College Dean (Print name)  Signature __ Date __

Division of University Research Approval: (Please upload form to the Pre-Submittal Workshop in order to receive final signature.)

Dean of the School of Graduate Studies (Print name)  Signature __ Date __