

☐ New Committee

☐ Change of Committee



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 (<i>Print name</i>)	Department	Chair's Banner ID
Signature		Date
Committee Member (<i>Print name</i>)	Department	
Signature		Date
Committee Member (<i>Print name</i>)	Department	
Signature		Date
Committee Member (<i>Print name</i>)	Department	
Signature		Date
Committee Member (<i>Print name</i>)	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 (<i>Print name</i>)	Signature	Date
Department Chair/Head (<i>Print name</i>)	Signature	Date
College Dean (<i>Print name</i>)	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 (<i>Print name</i>)	Signature	Date
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Rowan University | Office of Graduate Research Services

South Jersey Tech Park

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