

**REQUEST FOR APPOINTMENT OF DISSERTATION COMMITTEE &
SCHEDULING OF ORAL PROPOSAL HEARING**

Student Name (Please print): _____

Penn ID#: _____ **E-mail:** _____

Address: _____

Division/Degree/Major: _____

Recommended Committee Members*

(At least two members must be members of the standing/associated faculty at Penn)

Committee Chair (Please print): _____ **Signature** _____

Member Name (Please Print): _____ **Signature** _____

Member Name (Please Print): _____ **Signature** _____

Member Name (Please Print): _____ **Signature** _____

Member Name (Please Print): _____ **Signature** _____
(If external member)

Specialization: _____ **Address:** _____

TITLE OF PROPOSAL: _____

DAY/DATE/TIME: _____

SPECIAL ROOM NEEDS? NO ___ **YES** ___ **Please specify:** _____

Please return the completed form to the Student Records Office and email a pdf of your abstract to gse-sro@gse.upenn.edu at least two weeks prior to the hearing date. You and your committee will be notified by email of the room location. Notice of hearing will be posted on 2nd floor bulletin board, the GSE events calendar at <http://www.gse.upenn.edu/event> and the DVRG at <http://www.gse.upenn.edu/event>

Asst. Dean Signature: _____ **Date Approved:** _____