

**REQUEST FOR APPOINTMENT OF DISSERTATION COMMITTEE AND
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: _____

Specialization: _____ Address: _____

Member Name (please print): _____ Signature: _____

Specialization: _____ Address: _____

Member Name (please print): _____ Signature: _____

Specialization: _____ Address: _____

Member Name (please print): _____ Signature: _____

Specialization: _____ Address: _____

TITLE OF PROPOSAL: _____

Month/Date/Year _____ Time _____

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

Please return the completed form with SIX COPIES of the proposal abstract to the Student Records Office at least two weeks prior to the hearing date. You and your committee will be notified of the room location. Notice of hearing will be posted.

Asst. Dean Signature: _____ Date Approved: _____