



Request for Approval of Non-CUNY-Doctoral Faculty Dissertation Committee Member

Student Information:

Name: _____

Dissertation Information:

Title: _____

Chairperson: _____

Committee Members/Affiliations: _____

Committee Members Requested*: _____

Rationale for selection of outside reader:

Approval:

Chairperson: _____
Print Sign Date

Executive Officer: _____
Name Sign Date

***At the time of submission, please attach the Non-CUNY-Doctoral Faculty member's CV to this form.**