External Reader Appointment Form

Student's Name:	
Student's Address:	
	E-mail
Program/Track:	
External Reader's Name:	
External Reader's Address:	
Phone #	E-mail
I have a prior relationship to the E below and discuss with Chair:	External Reader candidate: Yes 🗌 No 🗌 If yes, describe relationship
Student's Signature	Date
□ I certify that my name, typed o	on the line above, is my authorized signature for this document.
Chair's Signature	Date
□ I certify that my name, typed o	on the line above, is my authorized signature for this document.
	PROCEDURE
committee, complete form, sign CHAIR: After you approve read Dissertation Office.	pective external reader and after h/she agrees to join the n, and submit to chair with two copies of the external reader's CV. der, sign and submit this form along with copy of the CV to
DISSERTATION OFFICE: Pr reader of appointment.	rocess form and contract (if applicable). Notify student & external