

Reader Appointment Form

Student's Name: _____

Student's Address: _____

Phone # _____ E-mail _____

Program/Track: _____

Reader's Name: _____

Reader's Address: _____

Phone # _____ E-mail _____

Student's Signature

Date

☐ I certify that my name, typed on the line above, is my authorized signature for this document.

Chair's Signature

Date

☐ I certify that my name, typed on the line above, is my authorized signature for this document.

PROCEDURE

STUDENT: Consult with prospective reader and, after reader agrees to join the committee, complete form, sign, and submit to your dissertation chair
CHAIR: Sign and submit this form to Dissertation Office.
DISSERTATION OFFICE: Process form and contract (if applicable). Notify student & reader of appointment.