

External Reader Appointment Form

Student's Name: _____

Student's Address: _____

Phone # _____ E-mail _____

Program/Track: _____

External Reader's Name: _____

External Reader's Address: _____

Phone # _____ E-mail _____

I have a prior relationship to the External Reader candidate: Yes No If yes, describe relationship below and discuss with Chair:

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 external reader and after h/she agrees to join the committee, complete form, sign, and submit to chair with two copies of the external reader's CV.

CHAIR: After you approve reader, sign and submit this form along with copy of the CV to Dissertation Office.

DISSERTATION OFFICE: Process form and contract (if applicable). Notify student & external reader of appointment.