FORDHAM | Graduate School of Arts and Sciences

Dissertation **TITLE** Approval

Date: _____

Please complete the following:

Name of Student: _____ FIDN# _____

Department/Program: _____ Candidate for _____Ph.D_____

Title of Dissertation (please type): _____

_____

_____

PLEASE CHECK YES FOR COMMITTEE MEMBERS WHO ARE GETTING TEACHING CREDITS AND INCLUDE FIDN NUMBERS FOR ALL MEMBERS

		Reader Teaching Credits	
_____	_____		
Reader (Print name)	Reader ID Number	Yes	No
		Reader Teaching Credits	
_____	_____		
Reader (Print name)	Reader ID Number	Yes	No
		Reader Teaching Credits	
_____	_____		
Reader (Print name)	Reader ID Number	Yes	No
		Reader Teaching Credits	
_____	_____		
Committee Member (Print name)	Reader ID Number	Yes	No
		Reader Teaching Credits	
_____	_____		
Committee Member (Print name)	Reader ID Number	Yes	No

Signatures:

		Mentor Teaching Credits	
_____	_____		
Mentor signature	Mentor ID Number	Yes	No
		Mentor Teaching Credits	
_____	_____		
Co-Mentor signature	Mentor ID Number	Yes	No

The Department Chair/DGS confirm that the faculty members listed above have agreed to serve and that the composition of the committee is academically suitable to the topic proposed. Approved and recorded by:

_____   _____
Chairperson of Department   Date

_____   _____
 Dean   Date