

Dissertation Defense Committee

Student _____
Last Name First Name ID

Degree/Program _____ **Expected Defense Date** _____
Month/Year

Please indicate which one of the committee members listed below is the chair of the defense committee by marking the associated box. If the committee has a co-chair, please mark the associated box.

A. Washington University faculty (Four of the five committee members must be tenured or tenure-track WU faculty members. One of those four may be Emeritus.)

Chair Co-chair From the student's program:

| | | | |
|---|---------------------|----------------------|---------------------|
| 1 | _____ | _____ | _____ |
| | Faculty Member Name | Faculty Member Title | Faculty Member Dept |
| 2 | _____ | _____ | _____ |
| | Faculty Member Name | Faculty Member Title | Faculty Member Dept |
| 3 | _____ | _____ | _____ |
| | Faculty Member Name | Faculty Member Title | Faculty Member Dept |

From inside or outside the student's program (please specify title and department):

| | | | |
|---|---------------------|----------------------|---------------------|
| 4 | _____ | _____ | _____ |
| | Faculty Member Name | Faculty Member Title | Faculty Member Dept |

B. The 5th member must be from outside of the student's program. If any member listed from #1 to #4 is not WU tenured or tenure-track, then this member must be. Otherwise, this member may be WU tenured or tenure-track, or may be a WU research professor or lecturer, a professor from another university, or a scholar from the private sector or government (must hold a doctorate and maintain an active research program.):

| | | | |
|---|-------------|--------------|-----------------------------|
| 5 | _____ | _____ | _____ |
| | Member Name | Member Title | Member Dept/Org/Institution |

Qualifications (if not WU tenured or tenure-track)

C. Optional additional member:

| | | | |
|---|-------------|--------------|-----------------------------|
| 6 | _____ | _____ | _____ |
| | Member Name | Member Title | Member Dept/Org/Institution |

Qualifications (if not WU tenured or tenure-track)

Submitted by Director of Graduate Studies (DGS):

| | | |
|----------|---------------|-------|
| _____ | _____ | _____ |
| DGS Name | DGS Signature | Date |

Graduate Program Administrator Name

Graduate Program Administrator Email

PLEASE UPLOAD THIS FORM TO PORTAL: <http://pages.wustl.edu/>

This form must be **approved** at least 15 days prior to the oral examination of the dissertation. Failure to receive approval in a timely manner may result in a delay of the dissertation defense.