

## DEPARTMENT OF MATHEMATICAL SCIENCES

The dissertation committee consists of a minimum of four members including the advisor and at least one member external to the department. Non-GMU members may serve on the committee with the consent of the program faculty members on the committee. This form should be filled out as soon as possible after passing the preliminary exam. It need only be filled out again if the makeup of the committee changes.

### DOCTORAL DISSERTATION COMMITTEE

**New:** \_\_\_\_\_ **Revised:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **G#** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**If revision, provide nature and reason for revision:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Dissertation Committee

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Advisor & Affiliation \_\_\_\_\_

Member & Affiliation \_\_\_\_\_

Member & Affiliation \_\_\_\_\_

External Member & Affiliation \_\_\_\_\_

#### **Proposed Dissertation Area:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(SIGNATURE)

**Director of Graduate Studies:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(SIGNATURE)