



Research Doctoral Committee Appointment Signature Form

Office of Graduate Enrollment Services, The Pennsylvania State University, 114 Kern Graduate Building, University Park, PA 16802-3396; 814-865-1795;
gesrecords@psu.edu

Detailed information on Research Doctoral Committee Composition and Doctoral Committee Responsibilities can be found in the Graduate Education Policies under [GCAC-600 Research Degree Policies - Doctoral](#).

As per GCAC-600, the committee must be appointed no later than one calendar year following the date of the student's successful completion of the Qualifying Examination.

The committee must be validated and on record with the J. Jeffrey and Ann Marie Fox Graduate School **at least two weeks prior** to the date of the comprehensive and final oral examinations.

If the composition of the doctoral committee changes, a revised committee appointment signature form must be submitted to the Office of Graduate Enrollment Services **as soon as possible**. All members of a revised committee must be listed on the form.

*Student's Name	*9-digit Penn State ID	*Check Committee Type:	<input type="checkbox"/> New <input type="checkbox"/> Revised
*Degree (Ph.D.)	*Student's Major Program	Dual-Title Program (if applicable)	Minor (if applicable)

As the student/chair/committee member, I have carefully read and understand the policies and procedures and agree to adhere to these policies and to serve as a member of the doctoral committee for the student specified (for applicable signatories), if officially appointed by the Fox Graduate School.

***Student:**

Signature	Date

***Chair / Co-chair:**
(Must be a member of the major program)

Printed Name	Signature	Date

Chair / Co-chair, (If applicable):

Printed Name	Signature	Date

***Dissertation/Academic Adviser or Co-adviser:**
(Identify and sign even if signing elsewhere on form)

Printed Name	Signature	Date

*List the administrative unit in which you hold your primary appointment (must be different from the Outside Unit Member's unit)

Dissertation /Academic Adviser or Co-adviser:
(If applicable - identify and sign even if signing elsewhere on form)

Printed Name	Signature	Date

*List the administrative unit in which you hold your primary appointment (must be different from the Outside Unit Member's unit)

Major Program Member(s):
(In addition to the chair or co-chair)

Printed Name	Signature	Date



Printed Name	Signature	Date
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Printed Name	Signature	Date
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***Outside Field Member:**

Printed Name	Signature	Date
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*The field you represent (outside the student's major field of study): _____

Additional Outside Field Member:

Printed Name	Signature	Date
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***Outside Unit Member:**

Printed Name	Signature	Date
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*List the administrative unit in which you hold your primary appointment (must be different from the Chair(s) and Dissertation Adviser(s)' unit(s))

Minor Field Member(s):
(If applicable)

Printed Name	Signature	Date
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Printed Name	Signature	Date
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Special Member(s):
(If applicable)

Printed Name	Signature	Date
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Printed Name	Signature	Date
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***Name and signature of Graduate Program Head/Chair, Director of Graduate Studies, or Professor-in-Charge verifying the above information:**

Printed Name	Signature	Date
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*** Required Field**