University of Maryland Graduate School, Baltimore

NOMINATION OF MEMBERS FOR THE FINAL EXAMINATION COMMITTEE

MASTER'S EXAMINATION COMMITTEE:

1. Must be filed with the Graduate School **two months prior** to the final master's examination.
2. The Chairperson must be a regular or associate member of the UMGSB Graduate Faculty.
3. There will be a minimum of three (3) and a maximum of five (5) members on the final committee (including the chair), of whom at least three (3) must be members of the UMGSB Graduate Faculty. All committee members must hold the highest degree in their discipline.
4. *For non-members a Curriculum Vitae must be attached.*

DOCTORAL EXAMINATION COMMITTEE:

1. Must be filed with the Graduate School **six months prior** to the final doctoral examination.
2. The Chairperson must be a REGULAR member of the UMGSB Graduate Faculty.
3. There will be a minimum of five (5) members on the Final Examination Committee (including the Chair), of whom at least three (3) must be REGULAR members of the UMGSB Graduate Faculty. All members must hold the doctorate degree.
4. At least one (1) individual must be from outside the candidate's department or program.
5. Two members of the doctoral committee must be designated READER by an asterisk (*) following their names. The Chairperson may not be counted as a reader.
6. *For non-members a Curriculum Vitae must be attached.*

To: The Dean of the Graduate School

From:

_____ _____

Committee Chairperson *Department or Program*

_____

Committee Co-Chairperson

Re:

_____ _____

Student (Last, First, M.I.) *Student ID*

The following individuals are nominated to serve on the final ☐ MASTER'S ☐ DOCTORAL examination committee for this student.

The proposed examination date is _____

NOMINEES (Include Committee Chair)	**DEPARTMENT**	**GRADUATE FACULTY MEMBERSHIP** Regular – Associate –Special Non-Member *(Attach brief CV)*
1.		Select
2.		Select
3.		Select
4.		Select
5.		Select
6.		Select

APPROVAL SIGNATURES Please **type and sign**		
Committee Chairperson:	Signature:	Date:
Graduate Program Director:	Signature:	Date:
Associate Dean, Graduate School: Janet C. Rutledge	Signature:	*Date:*
Dean's Representative: **For Graduate School Use Only**		