

Doctoral Dissertation Reading Committee



Stanford University

Please address questions concerning this form and submit the completed form to your home department.

Student Information:

Last or Family Name	First	Middle
Stanford Student Number (8 digits, first digit is 0)	Department Name	Email Address
Title of Dissertation		
Expected Date for Oral Examination	Expected Date for Submission of Dissertation	

Dissertation Reading Committee Information:

Each member of the dissertation reading committee will certify that the work is of acceptable scope and quality by signing the final copies of the dissertation, which is then submitted to the Graduate Degree Progress Office.

Principal Dissertation Adviser:

Printed name	Department	Academic Council Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title		
Signature	Email address (required)	Date

Co-Adviser (if required):

Printed name	Department	Academic Council Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title		
Signature	Email address (required)	Date

Reader:

Printed name	Department	Academic Council Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title		
Signature	Email address (required)	Date

Reader:

Printed name	Department	Academic Council Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title		
Signature	Email address (required)	Date

Reader (Optional):

Printed name	Department	Academic Council Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title		
Signature	Email address (required)	Date

To Be Completed by Department

Signature of Department Chair	Date
Name of Departmental Administrator	Date of Access input