

**WHARTON SCHOOL DOCTORAL PROGRAMS
UNIVERSITY OF PENNSYLVANIA
3620 Locust Walk, Philadelphia, PA 19104-6302**

**REQUEST FOR APPOINTMENT OF THE DISSERTATION COMMITTEE
(Please complete the form and return to the Wharton Doctoral Office)**

Name: _____ SS#: XXX-XX-____ (last four digits)
Address: _____ Telephone#: _____
e-mail: _____
Degree: _____ Ph.D. Dept: _____ Specialization: _____
Dissertation Title: (**Attach copy of proposal abstract**)

Recommended Committee Members*

(At least three members must be members of the standing/associated faculty at Penn)

Chair: _____	Signature: _____
Specialization: _____	Intramural Address: _____
Member: _____	Signature: _____
Specialization: _____	Intramural Address: _____
Member: _____	Signature: _____
Specialization: _____	Intramural Address: _____
Member: _____	Signature: _____
Specialization: _____	Intramural Address: _____
Member: _____	Signature: _____
Specialization: _____	Intramural Address: _____

Dept. Ph.D. Coordinator's Recommendation

_____ Approve _____ Deny

Signature of Dept. Ph.D. Coordinator

Date

_____ Request approved _____ Request denied

Comments: _____

Signature of Vice Dean

Date

*USE REQUEST FOR EXTERNAL COMMITTEE MEMBER FORM FOR FACULTY NOT AT PENN

