

**REQUEST FOR APPROVAL OF DISSERTATION COMMITTEE MEMBER
FROM OUTSIDE ST. CLOUD STATE UNIVERSITY**

Directions: Please complete this form, attach the Outside Committee Member's Curriculum Vita, and obtain signatures from your program advisor and chair. Please return this form to the Center for Doctoral Studies Office (CDS) no later than thirty (30) days prior to your meeting. Graduate Studies will send a decision to your e-mail address within five to seven days of receiving your request.

Student Name: _____ Tech ID#: _____

Program of Study: _____

E-mail Address: _____ Telephone: _____

Outside Committee Member Name: _____

Highest Degree: _____ Granting Institution: _____

Semester hours beyond highest degree: _____

Please attach 1) *Outside Committee Member's Curriculum Vita*
2) *Temporary Appointment to the Graduate Faculty form*

Reasons for making this request: _____

Graduate Advisor Recommendation

Recommended Comments _____
 Not Recommended _____

Program Advisor Signature: _____ Date: _____

Program Chairperson Signature: _____ Date: _____

School of Graduate Studies Decision

Approved Comments _____
 Not Approved _____

Graduate Dean Signature: _____ Date: _____

Date Student Notified: _____ By: _____

Please return this form no later than thirty (30) days prior to your dissertation meeting to:

Michele Braun
Office Manager
Center for Doctoral Studies
B121 Education Building
720 Fourth Ave S
St. Cloud, MN 56301
320-308-4220 * mlbraun@stcloudstate.edu