



**Request for Approval of Non-CUNY-Doctoral Faculty Dissertation
Committee Member**

Student Information:

Name: _____

Dissertation Information:

Title: _____

Chairperson: _____

Committee Members/Affiliations: _____

Committee Members Requested*: _____

Rationale for selection of outside reader:

Approval:

Chairperson: _____
Print Sign Date

Executive Officer: _____
Name Sign Date

***Please submit this form and the Non-CUNY-Doctoral Faculty member's CV as an email attachment to the APO of Academic Support and Student Progress at jkubran@gc.cuny.edu. Original signatures are not required.**