WashU Medicine

DISSERTATION DEFENSE COMMITTEE FORM

This form must be completed by the student, approved by the appropriate Graduate Program Director, and submitted to Quinn Kobolt via email at koboldt@wustl.edu. The School of Medicine Graduate Program Council (GPC) members will review and sign off, as indicated. Once the form is fully-executed, it will be returned to the student's graduate program. The graduate program is responsible for adding the student accomplishment in Workday. **The committee must be <u>approved</u> by the GPC at least 15 days prior to the dissertation defense. Failure to receive this form for processing in a timely manner may result in a delay of the dissertation defense.**

Student Name: _____   **Student ID:** _____

Program Name: _____   **Expected defense date (month/year):** _____

> The dissertation committee consists of at least five members. Normally, the three members of the Research Advisory Committee also serve on the dissertation committee. The dissertation committee is then additionally augmented to ensure that the following criteria are met:
> 1. Three of the five members (or a similar proportion of a larger committee) must be full-time Washington University faculty members or, for programs offered by WashU-affiliated partners, full-time members of a WashU-affiliated partner institution who are authorized to supervise PhD students and who have appropriate expertise in the proposed field of study. One of these three members must be the PhD student's primary thesis advisor, and one may be a member of the emeritus faculty.
> 2. All other committee members must be active in research/scholarship and have appropriate expertise in the proposed field of study, whether at Washington University, at another university, in government, or in industry.
> 3. At least one of the five members must bring expertise outside the student's field of study to the committee, as judged by the School of Medicine Graduate Program Council.

A.   Full-Time Faculty (Washington University or WashU-affiliated institution)   *Chair   Co-Chair   Outside Expertise*

1. _____   _____
   Faculty member name   *Faculty member academic appointment/title*

2. _____   _____
   Faculty member name   *Faculty member academic appointment/title*

3. _____   _____
   Faculty member name   *Faculty member academic appointment/title*

B.   Additional Members   *Outside Expertise*

4. _____   _____
   Faculty member name   *Faculty member academic appointment/title*

5. _____   _____
   Faculty member name   *Faculty member academic appointment/title*

C.   Optional Member

6. _____   _____
   Faculty member name   *Faculty member academic appointment/title*

Please provide additional information about the above-listed dissertation committee members on the next page.

I support the dissertation committee listed above.

_____   _____   _____
Graduate Program Director Name   Graduate Program Director Signature   Date

Please provide additional detail on each dissertation committee member (e.g., area of expertise, relevant experience, current research activity, etc.):

STUDENT SECTION ENDS HERE

School of Medicine Graduate Program Council Approvals

Each Graduate Program Director (PD) should mark their vote, sign, and date. PD for the program of the student submitting this form cannot vote.

Approve   Do not approve   Cannot vote

Division of Biology and Biomedical Sciences   *Date*

Approve   Do not approve   Cannot vote

Medical Physics   *Date*

Approve   Do not approve   Cannot vote

Movement Science (PT)   *Date*

Approve   Do not approve   Cannot vote

Nursing Science   *Date*

Approve   Do not approve   Cannot vote

Rehabilitation and Participation Science (OT)   *Date*

Approve   Do not approve   Cannot vote

Speech and Hearing Sciences (PACS)   *Date*