

## Proposal for Thesis Examination Committee

All entries should be filled in by the student except signatures and dates.

Student*				
		, , , , , , , , , , , , , , , , , , , ,		
name (	(please print)	scheduled date of exam		
Examination Committ	-			
	selected as Examination Comm	math faculty from within the student's programittee Chair. Typically the thesis advisor serv		
Committee Member: _			Thesis Advisor	Committee Chair
	name (please print)	(if external) title, department, and school		
Committee Member: _	signature	date		
	name (please print)	(if external) title, department, and school		
	signature	date		
Committee Member:				
	name (please print)	(if external) title, department, and school		
-	signature	date		
Committee Member:				
(4th member optional) <sup>–</sup>	name (please print)	(if external) title, department, and school		
-	signature	date		
Graduate Chair Approval				
signature		date		

\* Please be reminded to apply for graduation online at: https://registrar.mit.edu/graduation/graduate-degree-requirements