



Medical Campus
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REQUEST FOR A SPECIAL SERVICE APPOINTMENT IN THE DIVISION OF GRADUATE MEDICAL SCIENCES

Please provide the following information when requesting a Special Service Appointment for a person who will serve as a reader on a doctoral or master's thesis, or who will service as a member of a Final Oral Examining Committee (dissertation defense). Please print clearly.

Name of Student

Student's Department/Program

BU ID #

Degree: ____ M.A. ____ M.S. ____ Ph.D.

Name of Nominee (A current *curriculum vitae* of the nominee must accompany this request.)

Committee as now composed:

Nominee's Mailing Address

Appointment:

Second Reader – Ph.D. Dissertation

Third Reader – Ph.D. Dissertation

First Reader – M.A./M.S. Thesis (BU Faculty Only)

Second Reader – M.A./M.S. Thesis

Third Reader – M.A./M.S. Thesis

Member of Ph.D. Final Oral Examining Committee

Member of M.A./M.S. Thesis Examining Committee

Reasons for this request:

Signature of Department Chairman/Program Director

Date

Approved _____
Not Approved

Associate Provost, Division of Graduate Medical Sciences

Date