

Graduate School of ARTS·AND·SCIENCES

BOSTON UNIVERSITY ▪ 705 Commonwealth Avenue, Boston, MA 02215

Request for a Special Service Appointment in the Graduate School

Please provide the following information when requesting a *Special Service Appointment* for a person who will serve as a reader on a doctoral dissertation or a master's thesis, or who will serve as a member of a Final Oral Examining Committee (dissertation defense). **Please type or print clearly. (Please return to the Office of the Associate Dean, Room 115.)**

_____	Archaeology
Name of Student	Department
_____	Degree: ____ M.A. ____ Ph.D.
Name of Nominee*	Committee as now composed:
_____	_____
_____	_____
_____	_____
Nominee's Mailing Address	_____

* A current **curriculum vitae** of the nominee must accompany this request.

Appointment: ____ *Second Reader*—Ph.D. Dissertation ____ *Third Reader*—Ph.D. Dissertation
 ____ *Second Reader*—M.A. Thesis ____ *Third Reader*—M.A. Thesis
 ____ Member of Ph.D. Final Oral Examining Committee
 ____ Member of M.A. Thesis Examining Committee

Reasons for this request:

Signature of *Department Chairman* or *Director of Graduate Studies* _____
Date

____ Approved ____ Not Approved

Associate Dean, Graduate School _____
Date

____ Dean's copy ____ Record's copy ____ Student's copy ____ Department's copy