

DOCTORAL FORMS

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
NOTIFICATION OF COMPLETION OF THE QUALIFYING ASSESSMENT
AND
NOTIFICATION OF ADMISSION TO DOCTORAL CANDIDACY**

Return the completed form, with all signatures, to:
The Graduate School, Montclair State University, College Hall 203, Montclair, NJ 07043

Student's Name: _____ Student I.D. No. _____ - _____ - _____
Address: _____ Date: _____
_____ Program: _____

I. COMPLETION OF QUALIFYING ASSESSMENT

_____ Attempt Number 1 _____ Attempt Number 2
(Please attach a copy of the qualifying assessment or a detailed summary of the assessment to this form.)

II. ADMISSION TO DOCTORAL CANDIDACY

Doctoral Program Director: Please review the eligibility requirements for advancement to doctoral candidacy, make one of the following determinations.

To be eligible for admission to candidacy for a doctoral degree, student must have:

1. Successfully completed any pre-dissertation research courses;
2. A cumulative grade point average equal to or greater than 3.0 in the doctoral program courses;
3. No more than six (6) semester hours of coursework graded at the C-level and no failing grades; and
4. Successful performance on the qualifying assessment.

_____ I certify that this doctoral student has satisfied all the requirements for **admission to doctoral candidacy**.

_____	_____	_____
Chair/Advisor	Signature	Date
_____	_____	_____
Doctoral Program Director	Signature	Date

The Graduate School's Use Only

_____ Approved _____ Denied (Comments: _____)

Qualifying Examination Passed: _____
Month Year

Signature, Dean of The Graduate School or Designee Date

Distribution: The Graduate School, Adviser/Chair Doctoral Program Director, Registrar's Office, Student

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPROVAL OF THE DISSERTATION COMMITTEE**

Return the completed form, with all signatures, to:
The Graduate School, Montclair State University, College Hall 203, Montclair, NJ 07043

Student's Name: _____ Date: _____
 Address: _____ Student I.D. No.: _____ - _____ - _____
 _____ Program: _____

Instructions to doctoral student: Please identify below the members of the dissertation committee and obtain their consent to serve.

Working Dissertation Topic: _____

Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Chair/Advisor	Signature	Date

Doctoral Program Director: Please review this dissertation committee request, make one of the following determinations and forward this form to the Dean of your college.

- _____ I recommend the dissertation committee membership as outlined above.
- _____ The dissertation committee is *not* recommended for the following reason(s):
 - _____ A minimum of three committee members have not been identified.
 - _____ More than one committee member has been selected from outside the student's discipline.
 - _____ Committee members have been identified from outside Montclair State University without the approval of the Dean of The Graduate School.

Signature, Doctoral Program Director _____
Date

The Graduate School's Use Only
 The dissertation committee is: _____ Approved _____ Denied (Comments: _____)

Signature, Dean of The Graduate School or Designee _____
Date

Distribution: The Graduate School, Dissertation Chair/Advisor, Doctoral Program Director, Student

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
REQUEST FOR APPROVAL OF OUTSIDE DISSERTATION COMMITTEE MEMBER**

Return the completed form, with all signatures, to:

The Graduate School, Montclair State University, College Hall 203, Montclair, NJ 07043

Student's Name: _____ Date: _____

Address: _____ Student I.D. No.: _____ - _____ - _____

_____ Program: _____

Instructions to Outside Faculty Member: Please print and sign your name, date the form and provide a copy of your current curriculum vitae.

Committee Member, (Please print name)

Signature, Committee Member

Date

Doctoral Program Director: Please review this request for an outside dissertation committee member, make the following determinations and forward this form to the Dean of your college.

_____ I recommend the dissertation committee membership as outlined above.

_____ I support the membership of this applicant from *outside the degree-granting department* as part of this committee. (See attached CV.) Name of outside department: _____

_____ I support the membership of this applicant from *outside the Montclair State University community* as part of this committee. (See attached CV.)

_____ I do *not* recommend the dissertation committee membership as outlined above.

(Comments: _____)

Signature, Doctoral Program Director

Date

Signature, College Dean

Date

The Graduate School's Use Only

The dissertation committee member is: _____ Approved _____ Denied

(Comments: _____)

Signature, Dean of The Graduate School or Designee

Date

Distribution: The Graduate School, Doctoral Program Director, Dissertation Chair, Student

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPLICATION FOR DISSERTATION DEFENSE DATE**

Return the completed form, with all signatures, to:
The Graduate School, Montclair State University, College Hall 203, Montclair, NJ 07043

Student's Name: _____ Date: _____

Address: _____ Student I.D. No.: _____ - _____ - _____

_____ Program: _____

Instructions to doctoral students: An oral defense of the dissertation is required of all doctoral students. By completing this form and with the approval of all members of your committee and the Doctoral Program Director, you are eligible to defend your dissertation. This form must be accompanied by one copy of your dissertation for The Graduate School plus one copy for each member of your dissertation committee. The Graduate School will distribute these copies to all members of your committee for their use as they prepare for the defense.

Dissertation Title: _____

Please indicate the proposal defense date. All committee members must agree to the following date and time:

Date of Dissertation Defense: _____ **Time of Dissertation Defense:** _____

Committee Member	Signature	Date
------------------	-----------	------

Committee Member	Signature	Date
------------------	-----------	------

Committee Member	Signature	Date
------------------	-----------	------

Committee Member	Signature	Date
------------------	-----------	------

Chair/Advisor	Signature	Date
---------------	-----------	------

Doctoral Program Director	Signature	Date
---------------------------	-----------	------

The Graduate School's Use Only

_____ **Approved** _____ **Denied** (_____ **Comments**)

Signature, Dean of The Graduate School or Designee	Date
--	------

Distribution: The Graduate School, Doctoral Program Director, Dissertation Chair, Student

THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
DISSERTATION ADVISEMENT APPLICATION

Return the completed form, with all signatures, to:
The Office of the Registrar, Montclair State University, College Hall 204, Montclair, NJ 07043

Regulations: Doctoral students must have advanced to Doctoral Candidacy in order to be eligible to register for Dissertation AdviseMENT.

PROCEDURE: A student must complete this form and receive approval by the Dissertation Advisor, the Department Chair of the Dissertation Advisor and Program Director. **This form must be submitted to the Office of the Registrar** during a prescribed registration period.

Semester/Year _____/20_____

Catalog No. Section No. (Assigned by Registrar) Credit Hours .

(CNED/CSND/EDCO/
EDFD/ENVM/MAPG/
TETD)

Student ID # _____

Student Name _____ Date _____
(Please Print Last Name, First Name)

Student's Signature _____

Dissertation Advisor's _____ Date _____
Name (Please Print Last Name, First Name)

Dissertation Advisor's Signature _____

Student will be working on dissertation research and/or writing with advisor for a minimum of 57 contact hours during the course of the semester.

Dissertation Advisor initials one: Yes _____ No _____
Reg Off, if yes: Use EDCOFTE80

Chairperson's Signature
(Dissertation Advisor's Department)

Program Director's Signature

Distribution: Department Chair, Faculty Member, Program Director, and Student. (B.S. 8/2011)

THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
DISSERTATION EXTENSION APPLICATION

Return the completed form, with all signatures, to:
The Office of the Registrar, Montclair State University, College Hall 204, Montclair, NJ 07043

Regulations: Doctoral students must have advanced to Doctoral Candidacy in order to be eligible to register for Dissertation Advisement.

PROCEDURE: A student must complete this form and receive approval by the Dissertation Advisor, the Department Chair of the Dissertation Advisor and Program Director. **This form must be submitted to the Office of the Registrar** during a prescribed registration period.

Semester/Year _____/20____

Catalog No.

--	--	--	--

9	0	1
---	---	---

 Section No.

--	--

 Credit Hours

--	--	--

(CNED/CSND/EDCO/
EDFD/ENVM/MAPG/
TETD)

Student ID # _____

Student Name _____ Date _____
(Please Print Last Name, First Name)

Student's Signature _____

Dissertation Advisor's _____ Date _____
Name *(Please Print Last Name, First Name)*

Dissertation Advisor's Signature _____

Student will be working on dissertation research and/or writing with advisor for a minimum of 57 contact hours during the course of the semester.

Dissertation Advisor initials one: Yes _____ No _____
Reg Off, if yes: Use EDCOFTE80

Chairperson's Signature
(Dissertation Advisor's Department)

Program Director's Signature

Distribution: Department Chair, Faculty Member, Program Director, and Student. (B.S. 8/2011)

