

DIVISION of ACADEMIC AFFAIRS School of Graduate Studies

NOMINATION OF THESIS EXAMINING COMMITTEE

			D		
Student's Full Name (Last, First, Midd	le)	Student's Identi	ification Num	ıber	
Address	_	Graduate Progra	am		
City, State, ZIP	_	Degree Sought			
(Area Code) Telephone	_	Initial Term (G	S Use only) _		
Is the title of the thesis abstract attached	d? YES []	NO []			
Expected oral examination date: An oral examination may not be held	until the Graduate Sci	hool approves the	e recommend	led committee	? .
Research Assurance:					
Are human subjects involved in the res	search? Yes	□ No			
(If yes, please attach a copy of the app	roval from a University I	nstitutional Review	Board)		
Are vertebrate species (birds, mammal	s, fish, etc.) involved in t	he research?	□ Yes □	No	
(If yes, please attach the UMES Anima	al Care and Use Committ	ee form, showing p	orotocol numbe	er and approval	date)
Are bio-hazardous materials, biologica	al or chemical, or recomb	inant RNA/DNA ii	nvolved in this	research? Ye	es 🗆 No
(If yes, please attach a copy of the app	roval from the appropriat	e university comm	ittee)		
Theses Examining Committees must Regular or Associate member of the advisor and must be a Regular or As Nominated Committee	UMES Graduate Facu	ty. The chair of t	hese committe		
Nominated Committee					
Name	Program/Department/ Place of Employment			culty Status (
hair	Place of Employment		(Regular)	(Associate)	(Special)
ean's Representative Octoral Committee only)					

A-5 (1) Revised 11/17

Advisor (Printed Name/ Signature)	Date	Telephone/ Email
Graduate Program Director [if required]	Date	Telephone/ Email
Graduate School Approval of the Examining Co	ommittee:	
1. As nominated []		
2. As amended [] (Name(s) added be	low)	
3. As revised [] (after the original n	· ·	
	,	
Dean of Graduate School		Date

Please return this form to:

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Engineering and Aviation Sciences Complex, Suite 3046,
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