

STONY BROOK UNIVERSITY

DEPARTMENT OF APPLIED MATHEMATICS AND STATISTICS

Committee Approval Form for PhD Preliminary Exam or Thesis Defense

Name: _____

ID #: _____ **Track:** _____

Title of Dissertation: _____

Proposed Date of Exam: _____

Proposed Committee:

Advisor: *Name, Title*

Committee Chair: *Name, Title*

3rd Internal Committee Member: *Name, Title*

External Committee Member* (Optional for Prelim): *Name, Title, Department*

Additional Committee Member (Optional): *Name, Title, Department*

Please check one of the following boxes for each item:

Preliminary Exam:

Dissertation Defense:

Have you taken AMS 500 within the past four years? **Yes:** **No:**

If not, are you registered for its current/upcoming offering? **Yes:** **N/A:**

Today's Date: _____

* *Note:* You must submit a CV of the External Committee Member if he/she is not on the Stony Brook University faculty; the External Member must not be an adjunct, affiliate, or full-time member of the AMS Department.