

Appendix A
Binghamton University
Department of Sociology

Committee Form

Name: _____

Program Admission Date: _____ **with BA or MA (circle one)**

Committee

Printed Names

Signatures

Date

Chair: _____

Faculty Member: _____

Faculty Reader: _____

Comments:

* All Area Paper Committees must consist of a **minimum of two (2) faculty members from the BU Sociology Department** and one (1) reader who may be, but does not have to be, a faculty member of the BU Sociology Department. All Dissertation Committees **must** consist of a **minimum of three (3) faculty members, two of which must be from the BU Sociology Department**. If a faculty member drops from this Committee the new faculty member being added must sign and date this form.

A **copy of this form** **must** be given to the Graduate Program secretary in LT407 at the **end of your 2nd semester** in the program (preferably with at least the Committee Chair's name completed and signed appropriately) **and again** by the **end of your 4th semester** in the program (with all other Faculty Member names completed and signed appropriately.) **Any questions regarding completion of this Form should be directed to your Committee Chair or the Director of Graduate Studies.**