

**STATE UNIVERSITY OF NEW YORK  
AT STONY BROOK**

**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***

\_\_\_\_\_  
**3<sup>rd</sup> 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:

**Preliminary Exam:**       **Dissertation Defense:**

**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.