

Application to Serve as a Reader/Chair on a Graduate Exit Option Committee

Western Illinois University
School of Graduate Studies

Check one: _____ Reader _____ Chair

WIU employees who are not members of the Graduate Faculty or are not a member of the student's department but who **hold the appropriate terminal degree and training in the student's area of interest** may apply to serve as a reader or chair on a graduate student exit option committee (e.g., thesis committee). Please submit the following along with this application form to the School of Graduate Studies:

- Curriculum vita that shows all of the following: the applicant's current position/title, educational background, employment/experience (teaching, research, and/or professional), publications (indicate refereed), conference presentations (indicate refereed), professional and academic service, grants and special awards, professional experience, and professional memberships/affiliation indicating that an applicant can facilitate, encourage, support, and coordinate excellence in graduate education at Western Illinois University.
- A letter of support/recommendation and documentation of demonstrated departmental need signed by the Department Chair, Graduate Committee Chair (or Graduate Coordinator), *and* Student's Exit Option Chair (if applying as a reader) explaining how the applicant's training and expertise will *uniquely* facilitate and support the student's exit option work.

A new application must be submitted for each student exit option committee.

Rationale for Request:

Applicant's Name: _____

Applicant's Email Address: _____

Student's Exit Option Chair (if applying as a reader): _____

Student's Name: _____ **Student's WIU ID#** _____

Student's Major/Degree Sought: _____ **Anticipated Graduation:** _____

Applicant's Signature: _____ **Date:** _____

Department Chair/Director Signature: _____ **Date:** _____

College Dean Signature: _____ **Date:** _____



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10.17.23

Final action by Graduate School: ___Approve ___Deny

Note (if any): _____

Signature/date: _____

Form will not be processed without signatures.