

Nomination for Service on Doctoral Committee

Coordinator of Graduate Student Services

Graduate School cviola@temple.edu

Fax: 215-204-8781

Graduate School

Instructions: Complete this form and attach the nominee's current curriculum vitae (CV). Forward to the Graduate School after obtaining the appropriate signatures.

Name (Last, First and Middle) Landschoot, Danielle Emma	TUid 9152376	316
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Current Mailing Address (including City, 209 Garfield Ave, Apt. D, Collingswood,	State and Zip Code) NJ 08108	
Telephone (beginning with Area Code) (845) 797-0128	Temple Email Anticipat tuf78485@temple.edu 11/13/19	ted Defense Date 9
Title of Dissertation Proposal Measuring Neutrino Oscillation with PROSPE	ECT	
ECTION 2: IDENTIFICATION OF	F DOCTORAL COMMITTEE NOMINEE	
Name of Nominee	Requested Role	
		eader for Dissertation Defens
Nominee's Expertise Relating to This Dis	SSEITATION	
ECTION 3: ENDORSEMENT OF	NOMINEE'S PARTICIPATION	
ECTION 3: ENDORSEMENT OF School or College Science and Technology	F NOMINEE'S PARTICIPATION Department or Program Physics	
School or College Science and Technology	Department or Program Physics that the nominee meets the definition of "graduate fac-	:ulty" established for the
School or College Science and Technology I/We hereby certify by signing below	Department or Program Physics that the nominee meets the definition of "graduate fac-	culty" established for the
School or College Science and Technology I/We hereby certify by signing below department or program identified about the signature of Advisor	Department or Program Physics that the nominee meets the definition of "graduate factore. Name of Advisor	Date
School or College Science and Technology I/We hereby certify by signing below department or program identified abo	Department or Program Physics That the nominee meets the definition of "graduate factore. Name of Advisor Name of Graduate or Department Chair	Date
School or College Science and Technology I/We hereby certify by signing below department or program identified about the Signature of Advisor Signature of Graduate or Department Characteristics Signature of Associate or Assistant Dear	Department or Program Physics That the nominee meets the definition of "graduate factore. Name of Advisor Name of Graduate or Department Chair Name of Associate or Assistant Dean	Date Date
School or College Science and Technology I/We hereby certify by signing below department or program identified about Signature of Advisor Signature of Graduate or Department Ch	Department or Program Physics That the nominee meets the definition of "graduate factore. Name of Advisor Name of Graduate or Department Chair Name of Associate or Assistant Dean DL APPROVAL	Date Date
School or College Science and Technology I/We hereby certify by signing below department or program identified about Signature of Advisor Signature of Graduate or Department Characteristics Signature of Associate or Assistant Dear ECTION 4: GRADUATE SCHOOL	Department or Program Physics That the nominee meets the definition of "graduate factore. Name of Advisor Name of Graduate or Department Chair Name of Associate or Assistant Dean DL APPROVAL	Date Date Date

Graduate School Staff Member