

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

School of Music
Academic Affairs Office
1114 West Nevada Street
Urbana, IL 61801



DOCTOR OF MUSIC EDUCATION – FINAL EXAM

REQUEST FOR APPOINTMENT OF DOCTORAL COMMITTEE

NAME: _____

UIN: _____

MAILING ADDRESS:

EMAIL: _____

PHONE: (_____) _____

Names of Committee Members

DESIGNATED CHAIR: _____

MAJOR INSTRUCTOR: _____

RESEARCH DIRECTOR: _____

THIRD MEMBER: _____

FOURTH MEMBER: _____

FIFTH MEMBER (OPTIONAL) _____

Reminder: The committee must have a minimum of 4 members, two of whom must be tenured faculty members.

DATE & TIME OF ORAL EXAM: _____

DATE AND TIME MUST BE INDICATED WHEN SUBMITTING THIS FORM.

REQUIRED FACULTY SIGNATURES:

Please verify with your signature that the student above has met all requirements needed to proceed with the scheduling of his/her final examination. Faculty signatures also affirm willingness and availability to attend the oral exam, date and time listed above.

DESIGNATED CHAIR

RESEARCH DIRECTOR

MEMBER

MEMBER

MEMBER

MEMBER

The oral examination may occur no sooner than three weeks after this completed document has been submitted to the Academic Affairs Office.

Associate Director (or authorized signatory)

Date

Prelim Exam Passed: _____

****The elimination of deferred decisions for the final examination went into effect August 26, 2012. The committee may make one of three decisions: Pass the candidate with no revisions, Pass the candidate pending revision of the dissertation, Fail the candidate.***

Phone: 217-244-2670 • fax 217-244-4585 music@illinois.edu