

UNIVERSITY OF ILLINOIS  
AT URBANA-CHAMPAIGN

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



**DOCTOR OF PHILOSOPHY – FINAL EXAM**

REQUEST FOR APPOINTMENT OF DOCTORAL COMMITTEE

STUDENT'S NAME: \_\_\_\_\_ UIN: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

**PRELIM EXAM PASSED:** \_\_\_\_\_

**DATE & TIME OF ORAL EXAM:** \_\_\_\_\_

*DATE AND TIME MUST BE INDICATED WHEN SUBMITTING THIS FORM.*

**REQUIRED FACULTY SIGNATURES:**

**All Committee Members:** Please verify with your signature your willingness and availability to serve on the Final Exam Committee at the time designated above.

**Chair:** With your signature, you verify your willingness to serve as Final Exam Committee Chair, and that the student has met all requirements needed to schedule his/her preliminary examination.

\_\_\_\_\_  
DESIGNATED CHAIR'S NAME AND SIGNATURE

\_\_\_\_\_  
RESEARCH DIRECTOR'S NAME AND SIGNATURE

\_\_\_\_\_  
MEMBER'S NAME AND SIGNATURE

\_\_\_\_\_  
MEMBER'S NAME AND SIGNATURE

\_\_\_\_\_  
MEMBER'S NAME AND SIGNATURE

\_\_\_\_\_  
MEMBER'S NAME AND SIGNATURE

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