

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

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



MUSIC EDUCATION – PRELIM EXAM (PhD OR EdD)

REQUEST FOR APPOINTMENT OF DOCTORAL COMMITTEE

STUDENT'S NAME: _____ UIN: _____

EMAIL: _____ PHONE: (_____) _____

Names of Committee Members

DESIGNATED CHAIR

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 EXAMS: _____

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 Preliminary Exam Committee at the designated time stated above.

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

DESIGNATED CHAIR

RESEARCH DIRECTOR:

THIRD MEMBER

FOURTH MEMBER

FIFTH MEMBER (OPTIONAL)

Music Education, Graduate Coordinator

Date

Academic Affairs authorized signatory

Date

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