



PRELIMINARY EXAM REQUEST FORM
PhD in Music Education

STUDENT'S NAME _____ UIN _____

PRELIM EXAM DATE _____ TIME OF ORAL EXAM _____

REQUIRED FACULTY SIGNATURES:

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

COMMITTEE CHAIR'S NAME AND SIGNATURE

RESEARCH DIRECTOR'S NAME AND SIGNATURE

COMMITTEE MEMBER'S NAME AND SIGNATURE

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Reminder: The committee must have a minimum of four 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. The Preliminary Exam must be held during normal business hours; no weekend exams permitted.