

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.

COMMITTEE CHAIR/SIGNATURE

RESEARCH DIRECTOR/SIGNATURE

COMMITTEE MEMBER/ SIGNATURE

COMMITTEE MEMBER/ SIGNATURE

COMMITTEE MEMBER/ SIGNATURE

COMMITTEE MEMBER/ 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.