

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

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



DOCTOR OF PHILOSOPHY – PRELIMINARY EXAM

REQUEST FOR APPOINTMENT OF DOCTORAL COMMITTEE

NAME: _____

UIN: _____

EMAIL: _____

PHONE: (_____) _____

WRITTEN EXAM DATES (3 consecutive dates Monday – Friday): _____

DATES MUST BE INDICATED

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 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 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

Research Director, check the box to indicate the Research Proposal is complete and ready to be reviewed by the preliminary exam committee.

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.

Academic Affairs authorized signatory

Date