

# REQUEST FOR FORMATION OF THE PH.D. QUALIFYING EXAMINATION COMMITTEE<sup>1</sup>

**Instructions:** Return the signed form to Laura McGeehan in the CNAS Grad. Student Affairs Office (1140 Batchelor Hall).

**Student's Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Major Area** \_\_\_\_\_

**Minor Area 1** \_\_\_\_\_

**Minor Area 2** \_\_\_\_\_

## **Committee Members from Inside the Department:**

### **Chair of the Qualifying Exam Committee:**

Faculty Member Name	Examination Area	Signature
_____	_____	_____

### **Other Members:**

Faculty Member Name	Examination Area	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **Committee Member from Outside of the Department:**

Faculty Member Name	Examination Area	Signature
_____	_____	_____

## **Two Alternate Faculty Members:**

Faculty Member Name	Examination Area	Signature
_____	_____	_____
_____	_____	_____

**Student Signature** \_\_\_\_\_

**Major Professor Signature** \_\_\_\_\_

<sup>1</sup> Minor adjustments to form 9/2014 and 9/2017.