

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

**Instructions:** Return the signed form to The Plant Biology Student Services Advisor in the CNAS Grad. Student Affairs Office (1140 Batchelor Hall).

**Student's Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

**Chair of the Qualifying Exam Committee (from the Plant Biology Program):**

Faculty Member Name	Examination Area	Signature
_____	_____	_____

**Additional Members (at least two from the Plant Biology Program):**

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

**Committee Member from Outside of the Plant Biology Program:**

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.