



QUALIFYING EXAMINATION COMMITTEE APPOINTMENT
(To be completed by student's department/program)

Date of Submission: _____

Name of Student: _____

Department/Program: _____

Please provide a brief description of the student's current research project: _____

The undersigned hereby recommend to the Chairman of the Graduate Council the following as committee members to administer the qualifying examination in connection with the student's application for the PhD degree:

<u>Committee Members</u>	<u>Department</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Name of Sponsor	Signature
_____	_____
Name of Department Chair/Program Director	Signature

Committee Approval: _____
Dr. Mark E. Schmitt, Dean, College of Graduate Studies

Chosen Committee Chair: _____

Day/Date: _____
Time: _____
Place: _____

Please return this form to the Graduate Studies Office – Room 3122, WH

Colleges of: Medicine • Graduate Studies • Health Professions • Nursing • University Hospital