PHD RESEARCH EXAM CHAIR REQUEST FORM

DATE FORM SUBMITTED: _______________________________________________________________

STUDENT’S NAME: ___________________________________________ E-MAIL: __________________________

RESEARCH ADVISOR: _____________________________ ADMIT QTR/YEAR: _______________

RESEARCH ADVISOR’S SIGNATURE: _____________________________________________________

TYPE of EXAM (circle one): “RESEARCH EXAM” (continuing) or “RESEARCH MASTERY EXAM” (terminal)

RE TOPIC: ______________________________________________________________________________

_________________________________________________________________________________________

ESTIMATED EXAM DATE: ________________________________________________________________

NOTE: This form MUST be submitted at least 2months BEFORE the desired date if the exam.

Do NOT write below this line, for office use only.

ASSIGNED CHAIR: ________________________________________________________________

*2nd COMMITTEE MEMBER: ___________________________________________________________

*(Research Advisor or Gradcom will appoint if completing “Research Mastery Exam” and student has no research advisor)

3RD COMMITTEE MEMBER: ____________________________________________________________

DAY/TIME/ROOM for RESEARCH EXAM: __________________________________________________