

## PHD RESEARCH EXAM CHAIR REQUEST FORM

DATE FORM SUBMITTED: \_\_\_\_\_

STUDENT'S  
NAME: \_\_\_\_\_

STUDENT'S  
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: \_\_\_\_\_

\*2<sup>nd</sup> COMMITTEE MEMBER: \_\_\_\_\_  
\*(Research Advisor or Gradcom will appoint if completing "Research Mastery Exam" and student has no research advisor)

3<sup>RD</sup> COMMITTEE MEMBER: \_\_\_\_\_

DAY/TIME/ROOM for RESEARCH EXAM: \_\_\_\_\_