Ph.D. ORAL EXAMINATION COVER SHEET

NAME: ____________________________________________________ Date_____/_____/______

Projected Date of Exam: _____/_____/_____ 

Please attached to your statement of intent and combined reading lists for the exams.

Examining Committee: All committee members must review this material before the proposal is submitted for approval by the Graduate Committee.

The undersigned hereby has reviewed and approves the attached statement and reading lists.

EXAMINERS:

1) ___________________________ ___________________________ Date: ___/___/____
   (Examiner Name) (Signature)

2) ___________________________ ___________________________ Date: ___/___/____
   (Examiner Name) (Signature)

3) ___________________________ ___________________________ Date: ___/___/____
   (Examiner Name, Chair) (Signature)

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Date: __________________________/

Graduate Committee’s Decision: _____Approve  _____Deny/Resubmit  Vote: _____ - ______

Comments:

____________________________________________________________________________________________