

**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:

\_\_\_\_\_