

Form I: Ph.D. Committee and Oral Comprehensive Exam

Student Name: _____

ID#: _____

Advisor: _____

Date: _____

Ph.D. committee (one outside member required):

Date: _____

Date: _____

Date: _____

Date: _____

Dissertation title: _____

Topic approval date: _____

Committee signatures: _____

Approval for oral comprehensive exam:

Approval date: _____

Oral exam date: _____

Committee signatures: _____

Oral comprehensive exam outcome: