

PH.D. QUALIFYING EXAMINATION COMMITTEE

Student _____

Area _____ Admission Date _____

**Chairperson _____

Members _____

Approved by Area Coordinator _____

Approved by Vice Chairman _____

Approved by Chairman _____

Date _____

This is a four member committee.

****Chairperson must be a full member of the Graduate Faculty.**

Members must be full or associate members of the Graduate Faculty.