PHD FINAL ORAL COMMITTEE APPROVAL FORM

Please submit at least three (3) weeks prior to the exam.

Type or print clearly

Date:		
Student's Full Name: (Last, First. Middle)		-
Student's 10-digit ID Number:		
Student's Primary Field:	& Minor (most minors completed in econ)	

The following faculty members have agreed to serve on the Final PhD Oral Exam Committee for the above named student:

		NAME (Last, First, Middle)	Full Title (Professor, Associate Prof, Assistant Prof)	DEPARTMENT MAJOR REPRESENTED (Full Name)	Reader	Co-Primary Advisor		
Advisor	1.				х			
	2.				x			
	3.				x			
	4.							
(Optional)	5.							
Proposed Dissertation Title:								
Propos	ed Da	ate and Time of Final Oral Exam:						
Locatio	on of F	Final Oral Exam:						
Signat	ure: A	Advisor/Primary Faculty Advisor						

This form, signed by the advisor/primary faculty advisor should be returned to Becca (Rm 7402) 3 weeks before the date of the final oral exam. The student will be notified when the warrant is ready.

If any changes are made in the membership of the committee, a revised oral exam committee form must be submitted before the exam. Changes in the dissertation title, or date do not require a revised form.