



Request for General Examination – Doctoral Degree

Submit typed original and one copy

Name		Student ID	
Program		Date	

The Department requests that the General Examination of the above named student for the doctoral degree be scheduled as follows:

Examination Information			
Day	Date	Time	Room

The program recommends the appointment of the examination committee listed below.

Examination Committee	
Co-Major Professor	
Co-Major Professor	
Committee Member	
Committee Member	
Committee Member	
Committee Member	

\_\_\_\_\_  
Co-Major Professor

\_\_\_\_\_  
Co-Major Professor

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Dean of the Graduate School