

PHD CANDIDACY ORAL EXAMINATION NOTIFICATION

STUDENT INFORMATION			
Student Name:		Student ID#:	
Supervisor(s):			
Research Topic:			
ORAL EXAMINATION SCHEDULING INFORMATION			
Please specify the date, time, and location of the oral examination.			
Date:	Time:	Location:	
EXAMINING COMMITTEE MEMBERS			
Please list the Examining Committee members.			
	Name	Department/Organization	Signature
Chair			
Member			
Member			
Member			
EXTERNAL COMMITTEE MEMBER INFORMATION			
Please complete the following for any external member listed above.			
Name:		Email address:	
Position:		Mailing address:	
APPROVAL SIGNATURES			
Student:		Date:	
Graduate Program Director:		Date:	