

Qualifying Exam Committee

Date: _____

Title: _____

A Proposal by: _____

Exam Committee Chair

Signature

Date

**Whom I have chosen with his/her consent.*

Qualifying Committee Members:

Member

Signature

Date

Member

Signature

Date

Member

Signature

Date

Supervising Professor

Signature

Date

Member (External) **Special Member Application Required*

Signature

Date

____ Qualifying Proposal is also Dissertation Proposal

Approved by: _____

Graduate Studies Committee Chair