

**The University of Wisconsin – Madison
The Graduate School**

PHD FINAL ORAL DEFENSE COMMITTEE APPROVAL FORM

Please submit at least three weeks prior to exam. Type or print clearly.

DATE: _____

STUDENT'S FULL NAME: (Last, First, Middle) _____

STUDENT'S E-MAIL ADDRESS: _____

STUDENT'S 10-DIGIT ID NUMBER: _____

STUDENT'S MAJOR: _____

STUDENT'S MINOR: _____

This form, signed by the advisor/major professor, should be returned to the **Graduate Student Services Office** (3182 Mechanical Engineering) at least **3 weeks before the final oral defense**. Upon submission, student should receive additional information related to electronically depositing dissertations and optional Graduate School Final Reviews.

Please identify your advisor(s) and committee members below. In addition, please indicate a minimum of three (3) readers for your thesis.

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

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

NAME (Last, First, Middle)	READER? (Please mark)	RANK (Professor, assistant professor, etc.)	DEPARTMENT MAJOR REPRESENTED (Department Name)
1.(Advisor) _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

PROPOSED DATE OF FINAL ORAL EXAM: _____

PROPOSED DISSERTATION TITLE: _____

SIGNATURE: ADVISOR/MAJOR PROFESSOR: _____