

**The University of Wisconsin – Madison Graduate School
PHD FINAL ORAL 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 10-digit ID Number: _____

Student's Major _____

Student's Minor _____

This form, signed by the adviser/major professor and department chairperson, should be returned to the Graduate Student Coordinator three weeks before the final oral exam. If any changes are made in the membership of the committee, a revised final oral exam committee form must be submitted before the exam. Changes in dissertation title or 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 student:

See PhD committee policy <https://grad.wisc.edu/acadpolicy/#committees>

NAME (Last, First, Middle)	RANK	DEPARTMENT/MAJOR	REPRESENTED (Full Name)
Adviser 1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Proposed Dissertation Title:

Proposed Date of Final Oral Exam

Signature: Adviser/Major Professor

Signature: Department Chairperson