

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.

Proposed Date of Final Oral Exam _____ Student’s E-mail _____

Student’s Full Name: (Last, First, Middle) _____

Student’s 10-digit ID Number: _____

Major Department _____

Minor Department _____ OR Distributed Minor

Doctoral committees/final oral examination committees must have **at least 4 members** representing at least two University of Wisconsin—Madison graduate programs (the student’s advisor may require additional members); At least one of the four members must be from outside of the student's major field (often from the minor field). three of the committee members must be UW-Madison graduate faculty or former UW-Madison graduate faculty up to one year after resignation or retirement. **At least 3 committee members** of all doctoral/final oral examination committees must be designated as **READERS** of your dissertation; The fourth member and any additional members may be from any of the following categories, as approved by the program executive committee (or its equivalent): graduate faculty, faculty from a department without a graduate program¹, academic staff² (including emeritus faculty), visiting faculty, faculty from other institutions, scientists, research associates, and other individuals deemed qualified by the executive committee (or its equivalent).

The Department’s Executive Committee is responsible for approving the composition of all graduate committees. The CEE Graduate Program Chair, on behalf of the CEE Executive Committee, must approve committee members who are not part of the Graduate Faculty. The CEE Department Chair must sign the “Ph.D. Final Oral Committee Approval Form,” thus representing the approval of the CEE Executive Committee, before the form is submitted to the Graduate School for final approval.

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

NAME (Last, First, Middle)	READER	TITLE (ex: Professor, Assc. Professor)	UW DEPT/MAJOR REPRESENTED
Advisor			
Co-Advisor: Y			

Proposed Dissertation Title

Signature: Adviser/Major Professor

Date

Signature: Department Chairperson

Date