Ph.D. FINAL ORAL COMMITTEE APPROVAL FORM

Please submit at least three weeks prior to the date of defense. Print clearly.

Date ______/______/_______  This is a/an (circle one):  Original Form  Revised Form

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

Student’s 10-digit ID Number: 9________________________

Student’s Major: ______________________________ & Minor ________________________________________

This form, signed by the advisor/major professor and departmental Chair, should be returned to the CBE Graduate Program office (EH 2033) at least 3 weeks before the final oral exam. An electronic request for a warrant is then sent to the Graduate School for approval. If any changes are made in the membership of the committee, a revised final oral exam 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. Three committee members must be designated as Readers. Please check names of readers in boxes below. If you only have 1 advisor, you may cross out Advisor in the second row.

<table>
<thead>
<tr>
<th>READER</th>
<th>NAME (Last, First, Middle)</th>
<th>RANK</th>
<th>DEPARTMENT/MAJOR REPRESENTED (full name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor 1.</td>
<td>☐ _________________________          _____________  __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisor 2.</td>
<td>☐ _________________________        _____________  __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>☐ _________________________        _____________  __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>☐ _________________________        _____________  __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>☐ _________________________        _____________  __________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Proposed Dissertation Title:

______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Date and Time of Final Oral Exam

______________________________________________

Location of Exam (Virtual Platform or Room Number)

______________________________________________

Signature: Advisor/Major Professor

______________________________________________

Signature: Department Chair