This form must be submitted to your department at least two weeks before your qualifying examination. You will be notified if there are any problems with your proposed committee.

(Name) ___________________________ (Student ID #) __________________ is ready to proceed to the qualifying examination for the Ph.D. in (Department/Program) ____________________________ on (date) _______________. The proposed title of the dissertation is (title) ____________________________

Guidelines for Committee Membership
- This committee must consist of at least 5 members.
- All committee members must hold a Ph.D.
- At least 3 members, including the Chair, must hold a tenure track faculty appointment within your home department.
- At least 1 member must hold a position at UCI outside of your home department. Please verify that the outside member does not have a primary or joint appointment with your home department.
- For each committee only one exception request will be considered. Exceptions could include a professor from outside of the University or an adjunct professor serving on the committee. In the case of an exception request, the department must turn in an exception memo and a copy of the professor’s CV with this form in order to get this approved.
- Please note that some departments/programs have additional guidelines. Please refer to your department/program website or handbook for more information.

This student’s proposed committee is as follows (please print or type):

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair: ____________________________</td>
<td></td>
</tr>
<tr>
<td>General Member: ____________________</td>
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<td>General Member: ____________________</td>
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<tr>
<td>General Member: ____________________</td>
<td></td>
</tr>
<tr>
<td>Outside Member: ____________________</td>
<td></td>
</tr>
</tbody>
</table>

Recommended by (please sign):

_________________________________________   _________________________________________

Student Date Associate Dean, HSSoE Date

_________________________________________   ___

Student’s Faculty Advisor Date Associate Dean, Graduate Division Date

_________________________________________   ___

Department Chair/Graduate Advisor Date