

## NOMINATION OF Ph.D. QUALIFYING EXAMINATION COMMITTEE

This form should 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:			Dept/Prog:		
Student	ID #:	Email A	Address:		
Date: Dissertation		ion Title:			
A A A A	tes for Committee : This committee mu At least 3 members within your home d At least 1 member in does not have a pr Only one exception the University or ar turn in an exception	Membership ast consist of at least 5 members of or the majority of the committee department.  In must hold a position at UCI outsing a request will be considered for a majunct professor serving on the memo and a copy of the professor me departments/programs have a	e, including the Chair, must hold a teride of your home department. Please	nure track faculty appointment  verify that the outside member  nclude a professor from outside of on request, the department must t this approved.	
This stu	ıdent's proposed	l committee is as follows (p Name	olease print or type):	Department	
	Chair:				
Genera	al Member:				
Genera	al Member:				
Genera	ıl Member:				
	onflict of interest ght Member (if		ge 3 on PhD Form I for more inf	Formation)? Yes No	
Verified	d by (please sign	):			
Student		Date	Associate Dean, HSSoE	Date	
Student's	s Faculty Advisor	Date	Dean, Graduate Division	Date	

Date

Department Chair/Graduate Advisor