

Request for Graduate Diploma Final Examination (Pathobiology)

Name: _____ Student # _____ Advisor: _____

Area of Specialization:

Suggested Examination Committee*	
Chair (Graduate Coordinator, Dept. Chair or designate) not on advisory committee	
1. Advisory Committee Member (normally Advisor)	
2. Member of Graduate Faculty (may <u>not</u> be on Advisory Committee)	

Suggested date(s) (dd/mm/yyyy)

Signature and date: Chair of Department Signature and date: Graduate Co-ordinator

This form must be completed at least six weeks before the date of the examination.