

Request for PhD Qualifying Examination (Pathobiology)

Name: _____ Student # _____ Advisor: _____

Suggested Examination Committee*

Chair (Graduate Coordinator, Dept. Chair or designate) not on advisory committee	
1. Member of Graduate Faculty (<u>not</u> member of Advisory Committee)	
2. Member of Graduate Faculty (<u>not</u> member of Advisory Committee)	
3. Member of Advisory Committee	
4. Member of Advisory Committee	

* At least one member of the examination committee should be from outside of the department.

Examination areas		Examiner responsible
General area		
Specific area 1		
Specific area 2		

	Date (dd/mm/yyyy)
Deadline for student to receive written instructions from each examiner (at least two months before proposed examination date)	

	Suggested date(s) (dd/mm/yyyy)
Written examination	
Oral examination (approx. 1 week later)	

Signature: Chair of Department/Date

Signature: Graduate Co-ordinator/Date

This form must be completed no later than the end of the student's fourth semester.

The "letter of promise" from the advisory Committee must be submitted by the date of the written examination.