

# Oral Examination Proposal

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ E-mail \_\_\_\_\_

First Date of Registration: \_\_\_\_\_

\*Languages: \_\_\_\_\_

\*# of Residence Units: \_\_\_\_\_ Advisor: \_\_\_\_\_

**\* This information must be verified by the Graduate Administrator**

Proposed Date of Examination: \_\_\_\_\_

The Committee:

Major Examiner 1: \_\_\_\_\_ E-mail: \_\_\_\_\_

Subject: \_\_\_\_\_

Major Examiner 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

Subject: \_\_\_\_\_

Major Examiner 3: \_\_\_\_\_ E-mail: \_\_\_\_\_

Subject: \_\_\_\_\_

Major Examiner 4: \_\_\_\_\_ E-mail: \_\_\_\_\_

Subject: \_\_\_\_\_

Please return this form to the PhD Admin in 413 Fayerweather  
before proceeding with scheduling of Oral examination.