

# Qualifying Examination: Committee Formation Request

Directions: This form must be submitted by the student and faculty advisor at the onset of the qualifying examination process. The program co-director(s) will review the proposed committee members and discuss any potential conflicts or issues within two weeks with the faculty advisor and/or student. A copy of the curriculum vitae (CV) for any non-graduate faculty or external faculty must be attached to this form.

Name of Student: \_\_\_\_\_

Proposed QE Topic: \_\_\_\_\_

Name of Proposed Chair: \_\_\_\_\_

Chair Signature: \_\_\_\_\_

Relevant Expertise: \_\_\_\_\_

## Proposed Committee Members

Name of Member #1: \_\_\_\_\_

Relevant Expertise \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am willing to serve, if approved

Signature: \_\_\_\_\_

Name of Member #2: \_\_\_\_\_

Relevant Expertise \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am willing to serve, if approved

Signature: \_\_\_\_\_



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Name of Member #3: \_\_\_\_\_

Relevant Expertise \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am willing to serve, if approved

Signature: \_\_\_\_\_

Name of Member #4: \_\_\_\_\_

Relevant Expertise \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am willing to serve, if approved

Signature: \_\_\_\_\_

\_\_\_\_\_ Yes, I concur with proposed chair and committee members

\_\_\_\_\_ No, I do not concur with proposed chair and/or the following committee members for the reasons stated below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of program co-director \_\_\_\_\_

Date: \_\_\_\_\_



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