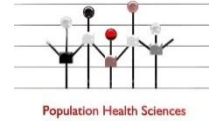




PHS MS/PhD



Graduate Programs

THE UNIVERSITY OF WISCONSIN – MADISON

THE GRADUATE SCHOOL

PHD FINAL ORAL COMMITTEE APPROVAL FORM

Date: _____

Student's Full Name: (Last, First, Middle) _____

Student's 10-digit ID Number: _____

Student's Major: _____ Minor: _____

The following faculty members have agreed to serve on the Final PhD Oral Exam Committee for the above named student:

| | NAME (Last, First) | RANK | DEPARTMENT/MAJOR REPRESENTED |
|---------------|--------------------|-------|------------------------------|
| Advisor 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| (Optional) 6. | _____ | _____ | _____ |

Proposed Dissertation Title: _____

Proposed Date of Final Oral Exam: _____

Signature: Advisor/Major Professor: _____

Signature: Department Chairperson: _____