

## PhD Qualifying Exam Committee Selection Form

Student Name

Person Number

**Exam Committee Members** (*chair must be from DMS and listed first*)

1. Name

Email

(chair)

Signature

Date

2. Name

Email

Signature

Date

Department (only if not a DMS faculty member)

3. Name

Email

Signature

Date

Department (only if not a DMS faculty member)

**DATE OF QUALIFYING EXAM**

**Director of Graduate Studies Signature:**

Return this form to the Graduate Study Coordinator as soon as you have established your committee.