

**NOMINATION FORM FOR THE ORAL EXAM COMMITTEE**  
**CHAIR AND MEMBERS**

For the comprehensive exam to be taken in \_\_\_\_\_ semester.

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

Student person number: \_\_\_\_\_

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

**Chair:**

\_\_\_\_\_

(Please type/print name)

**Members (list 4 additional nominated members):**

\_\_\_\_\_

(Please type/print name)

\_\_\_\_\_

(Please type/print name)

\_\_\_\_\_

(Please type/print name)

\_\_\_\_\_

(Please type/print name)

**\*\*NOTE:** You should contact each nominated faculty to get the consent for their availability to serve on your oral exam committee **PRIOR** to completing this form.