

### Doctoral Committee Members

This form should be completed by the student and signed by his/her advisor prior to the commencement of the written comprehensive examinations. Return this form to the Graduate Secretary in 585 Manoogian Hall.

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor (Member 1):** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Member 2:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Member 3:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Outside Member (4):** \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Advisor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

[Office Use] [RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_]