

**COMMITTEE NOMINATION FOR THE
DOCTORAL QUALIFYING EXAMINATION**

Date: _____

Student: _____

Email: _____

Program: _____

Advisor: _____

This student has successfully completed the required course work and language requirements (if necessary). In consultation with the student and the dissertation adviser, the following examination committee has been proposed and submitted for the Graduate Dean's approval:

1. Chair: _____

Email: _____

Must be tenured.

Professional Title: _____

Dept. & Campus: _____

2. Member: _____

Email: _____

Professional Title: _____

Dept. & Campus: _____

3. Member: _____

Email: _____

Professional Title: _____

Dept. & Campus: _____

4. Outside Member: _____

Email: _____

Must be tenured. If UCSC faculty, must be from a different discipline. Faculty from another campus may be same or different discipline. If non-academic, provide CV; subject to Graduate Dean approval.

Professional Title: _____

Dept. & Campus: _____

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Optional Member: _____

Email: _____

Professional Title: _____

Dept. & Campus: _____
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All members have agreed to serve on:

Date: _____ **Time:** _____ **Location:** _____

Department/program approval: _____

Graduate Division approval: _____