



CHD Action:

Date:

Petition to Appoint a Special Area Examination Committee

Student: Student: Fill out this form, have it signed by the chair of your proposed committee, and then return it to Pamela Metz with a copy of your field statement and bibliography.

Date:

Student:

Exam area:

Proposed Examiners:

(Name of Advisor/Chair)

(Signature)

(Name of Reader)

(Signature)

(Name of Reader)

(Signature)

I have been consulted and have seen the definition of area and the brief bibliography. I agree to act as chair of this examining committee.

Faculty advisor signature: _____



CHD Action:

Date:

Report of Special Area Examination Committee

Student: Student: Fill out the top portion of this form and take it with you to your oral exam for your committee to record its evaluation. Return the signed form to Pamela Metz so that the results may be recorded in your file.

Date:

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Student:

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Exam area:

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Evaluation:

<input type="checkbox"/> Distinction <input type="checkbox"/> Above Ph.D. Level <input type="checkbox"/> Ph.D. Level <input type="checkbox"/> Unacceptable—Reexamination necessary

Comments:

Examiners:

(Name of Advisor/Chair)

(Signature)

(Name of Examiner)

(Signature)

(Name of Examiner)

(Signature)