

**DEPARTMENT OF HORTICULTURE
NOTICE OF COMPREHENSIVE EXAMINATION**

**Ph.D DEGREE
to Horticulture Faculty**

Candidate's Name:

Seminar/Examination Information:

Date:

Time:

Place:

Title of Dissertation:

Members of the Examining Committee and their Departments:

cc: Graduate Students
Faculty

**The seminar will precede the examination, beginning at the time indicated above.
A copy of the Thesis Abstract is on the reverse side.**