

COMMITTEE FOR PRELIM ORAL / PH.D. EXAMINATION

NAME: _____

SS#/ID# _____

ADVISOR: _____

TITLE: _____

DATE OF EXAM: _____

(Did you Reserve a room, laptop LCD projector?) Yes___ No___

CHECK ONE:

Prelim Oral: _____

Ph.D: _____ (You must submit a resume/CV of outside member. This is required by the Graduate School)

CHECK ONE:

Operations Research _____ CAM _____ STAT _____

COMMITTEE:

Today's Date: _____

***NOTE: Please return form to AMS Math Tower Rm. 1-122.
You will receive your committee approval in 7-14 business days in your AMS mailbox.***