

**REQUEST FOR PRELIM AND FINAL EXAM COMMITTEE**

Name: \_\_\_\_\_ UIN #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Prelim

Final

Tentative Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of exam: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

**Committee Members:**

- |    |  |              |
|----|--|--------------|
| 1. | _____                                    | _____        |
|    | <i>Chair</i>                             | <i>Dept.</i> |
| 2. | _____                                    | _____        |
|    | <i>Director of Dissertation Research</i> | <i>Dept.</i> |
| 3. | _____                                    | _____        |
|    |  | <i>Dept.</i> |
| 4. | _____                                    | _____        |
|    |  | <i>Dept.</i> |
| 5. | _____                                    | _____        |
|    |  | <i>Dept.</i> |
| 6. | _____                                    | _____        |
|    |  | <i>Dept.</i> |

***Please note: The majority of your committee members must be in MATSE and have at least a 50% appointment in the Department.***

***Download and attach a [DARS audit](#) as well as a completed [Degree Coursework Checklist](#). When you meet with the Director of Graduate Studies, be prepared to discuss your coursework requirements.***

***This form must be turned in to Michelle Malloch in 201 MSEB 3 weeks prior to the date of the exam.***

***\*\*You must be registered for the entire term that you take your prelim or final exam\*\****

Approval Signature: \_\_\_\_\_

Director of Graduate Studies

Date