

**PURDUE UNIVERSITY
GRADUATE SCHOOL**
Request for Appointment of Examining Committee
(Adaptable for any degree)

Name of Student _____ PUID No. _____

Examination to be taken:

- Preliminary Examination
- Final Examination

Degree sought (exact title) _____

It is recommended that the following serve as members of the Examining Committee:

Chair	Graduate Faculty Identifier	Area
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is planned to hold the examination:

Date _____ Time _____ Building _____ Room No. _____

Thesis Title _____

Recommended by: _____
Major Professor Head of the Graduate Program

Department _____ Dept. Code _____

Date Submitted _____

Graduate School Dean