

QUALIFYING EXAMINATION COMMITTEE
APPROVAL FORM

Student's Name _____

Department _____

Date of Exam _____ 20____ Mentor _____

Proposed Examination Committee:

Name	Department	Institution	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Format of Examination:

Program Director: _____ Date: _____

Associate Dean: _____ Date: _____