DOCTORAL ORAL EXAMINATION FORM

This form must be completed and sent to the Doctoral Candidacy Advisor, 420C DuBourg Hall, AT LEAST TWO WEEKS PRIOR TO THE EXAMINATION

STUDENT’S NAME: _______________________________________________________

SLU ID: ________________________ TELEPHONE: _________________________

EMAIL: ____________________________

DATE OF EXAM: ___________________________

DAY OF EXAM: __________________________

TIME OF EXAM: __________________________

CHAIRPERSON OF EXAM COMMITTEE: ________________________________

COMMITTEE MEMBERS: _____________________________________________

____________________________________

____________________________________

____________________________________

OUTSIDE COMMITTEE MEMBER: _______________________________________

(Only if Required)

Date student passed preliminary written exam: _____________________________

Major field Program Director/Chairperson: _______________________________

(Signature)

Dean/Associate Dean/Center Director: _________________________________

(Signature)

Date sent to Graduate Education: ________________________________

Rev 10/13