

DOCTORAL ORAL EXAMINATION FORM

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

STUDENT'S NAME: _____

SLU ID: _____ TELEPHONE: _____

EMAIL: _____

ADDRESS: _____

(City)

(State)

(Zip Code)

DATE OF EXAM: _____

DAY OF EXAM: _____

TIME OF EXAM: _____

CHAIRPERSON OF EXAM COMMITTEE: _____

COMMITTEE MEMBERS: _____

Date student passed preliminary written exam: _____

Major field program director/chairperson: _____

(Signature)

Date sent to Graduate Education: _____