

Appointment for the PhD Qualifying Exam

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| --- | --- | --- | --- |
| Student Name: | Enter text. | URID: | Enter text. |
|  |
| Program: | Choose an item. |

Examination Dates:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Open Seminar Date: | MM/DD/YYYY | Time: | Text | Location: | Enter text. |
|  |
| Closed Exam Date: | MM/DD/YYYY | Time: | Text | Location: | Enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Will the advisor be present for the qualifying exam? | Choose | Will the advisor serve as a voting member? | Choose |

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Title** | **Committee Affiliation** |
| Dissertation Advisor | Enter text. | Choose an item. | Choose an item. |
| Co-Advisor | Enter text. | Choose an item. | Choose an item. |
| Committee Member | Enter text. | Choose an item. | Choose an item. |
| Committee Member | Enter text. | Choose an item. | Choose an item. |
| Committee Member | Enter text. | Choose an item. | Choose an item. |
| Committee Member | Enter text. | Choose an item. | Choose an item. |
| Guest Member | Enter text. | Choose an item. | Choose an item. |

Notes: 1. Use an \* with the name to indicate a faculty member participating in the exam only (not a formal member of the committee).

 2. Non UR faculty (guest member) must be approved by the Senior Associate Dean prior to submission of this form.

Graduate Program Director Signature Date

**Submit to** **registrar@rochester.edu**