Ph.D. Qualifying Examination Committee Form

Students should complete this form and submit it to the Graduate Office for approval by the Director of Graduate Studies at the time the Qualifying Examination committee is formed.

**Written Part Option**
- Take-home open-book questions: _____
- Sit-down closed-book questions: _____
- Manuscript preparation: _____

Written examination start date: ________________
Manuscript proposal date: ________________

**Student**
Name and Access ID: _________________________________________________________________________________________________
Non-WSU email (optional): ___________________________ Preferred phone: ___________________________

**Adviser**
Name and Access ID: _________________________________________________________________________________________________
Non-WSU Email (optional): ___________________________ Preferred phone: ___________________________

**Committee Members**
Name and Access ID (Within department): ______________________________________________________________________________
Non-WSU email (optional): ___________________________ Preferred phone: ___________________________
Name and Access ID (Within department): ______________________________________________________________________________
Non-WSU email (optional): ___________________________ Preferred phone: ___________________________
Name and Access ID (Within dept., if applicable): __________________________________________________________________________
Non-WSU email (optional): ___________________________ Preferred phone: ___________________________
Name and Access ID (Outside department): ______________________________________________________________________________
Non-WSU email (optional): ___________________________ Preferred phone: ___________________________

Department: _______________________________________________________.

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**Student Signature** ___________________________ Date ______________
**Adviser Signature** ___________________________ Date ______________
**Director of Graduate Studies Name and Signature** ___________________________ Date ______________