

**PURDUE UNIVERSITY
GRADUATE SCHOOL
Request for Appointment of Examining Committee
(Adaptable for any degree)**

Name of Student: _____ PUID No.: _____

Examination to be taken:

Preliminary Examination

Final Examination

Degree sought (exact title): _____

Examining Committee:

Please check
only Chair
or both for
Co-Chairs

Chair/Members
Co-Chairs and Members

Graduate
Faculty
Identifier

Area

	Chair/Members Co-Chairs and Members	Graduate Faculty Identifier	Area
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Examination Date / Time / Location:

Date: _____ Time: _____ Building: _____ Room No.: _____

Thesis Title:

Recommended by: _____
Major Professor Head of the Graduate Program

Department: _____ Dept. Code: _____

Date Submitted: _____

Graduate School Dean