



PROPOSAL FOR DOCTORAL EXAM FIELDS
ACADEMIC PROGRAMS OFFICE

Student Name: _____

Date: _____

Date Presented for Approval at a GCM: _____

AREAS OF STUDY

Exam I Title: _____

Examiner I: _____

Examiner II: _____

Exam II Title: _____

Examiner I: _____

Examiner II: _____

Exam III Title: _____

Examiner I: _____

Examiner II: _____

Decisions/Comments: _____

Academic Advisor: _____ **Date:** _____

Student Signature: _____ **Date:** _____

PLEASE NOTE: If you are electing to propose a third exam outside of the official list, please use the original exam form for this field only, with all attachments as would have been the case under the former doctoral exam regulations.