NOMINATION FORM FOR THE ORAL EXAM COMMITTEE

CHAIR AND MEMBERS

For the comprehensive exam to be taken in ________________________ semester.

Student Name: __________________________________________________

Student person number: _____________________________________________

Date: _______________________________

Chair:
____________________________________________________________
(Please type/print name)

Members (list 4 additional nominated members):

_______________________________________________________________
(Please type/print name)

________________________________________
(Please type/print name)

_________________________________________________________________
(Please type/print name)

_________________________________________________________________
(Please type/print name)

_________________________________________________________________
(Please type/print name)

**NOTE: You should contact each nominated faulty to get the consent for their availability to serve on your oral exam committee PRIOR to completing this form.