



Office of Graduate Studies
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Norfolk, VA 23529
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Ph. D. Examination Committee

REQUEST:

I appoint the following Ph. D. Examination Committee for

_____ (Student's name) Print

_____ (UIN)

who is enrolled in the _____ program.
(Title of degree program)

EXAMINATION COMMITTEE

NAME (PRINT)

SIGNATURES

Department Chair Date

Original: Graduate Program Director
Copy: Student
Department/School Chair
Ph. D. Examination Committee Members
Office of Graduate Studies

Form 26
(Rev. 9/05)