



OLD DOMINION UNIVERSITY

The Graduate School

Appointment or Change
of Doctoral Candidacy
Examination
Committee

D1

REQUEST:

I hereby request the following Doctoral Candidacy Examination Committee to be established or changed for:

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

DOCTORAL CANDIDACY EXAMINATION COMMITTEE

Print Name	Signature	Date
Committee Chair:		
_____	_____	_____
Members:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I concur with the appointment or change of the above Doctoral Candidacy Examination Committee.

Student: _____
Signature Date

Please check if this is a change to the Doctoral Candidacy Examination Committee.

APPROVAL:

Graduate Program Director: _____
Signature Date

Dean or Designee: _____ College: _____
Signature Date