

Bioengineering Department  
Prelim and Final Exam Scheduling Form

Name of Candidate: \_\_\_\_\_ UIN: \_\_\_\_\_

Candidate Address: \_\_\_\_\_

Prelim  Final

Date of exam: \_\_\_\_\_ Time of exam: \_\_\_\_\_

Room for exam: \_\_\_\_\_

Exam/Doctoral Committee

1. The doctoral committee must include at least four members.
2. At least one of the members must be a Graduate Faculty member whose primary Department is Bioengineering.
3. At least half of the committee members must be Graduate Faculty with affiliation with the Bioengineering Department.
4. The chairman must be an active member or affiliated member of the Bioengineering Faculty.
5. The committee should include faculty members from more than one area of specialization.

Committee Member	Dept.	Area of Specialization	Tenured	Voting
1. _____			<input type="checkbox"/>	<input type="checkbox"/>
2. _____			<input type="checkbox"/>	<input type="checkbox"/>
3. _____			<input type="checkbox"/>	<input type="checkbox"/>
4. _____			<input type="checkbox"/>	<input type="checkbox"/>
5. _____			<input type="checkbox"/>	<input type="checkbox"/>

Tentative thesis title: \_\_\_\_\_

I certify that the above name PhD candidate has met the requirements necessary to be eligible to take the above named examination.

\_\_\_\_\_  
Student's Advisor Date

Submit this form to the Bioengineering Department offices four weeks in advance of the exam.