

DOCTORAL ORAL EXAMINATION FORM

**This form must be completed and sent to the Doctoral Candidacy Advisor,
420C DuBourg Hall, AT LEAST TWO WEEKS PRIOR TO THE EXAMINATION**

STUDENT'S NAME: _____

SLU ID: _____ TELEPHONE: _____

EMAIL: _____

DATE OF EXAM: _____

DAY OF EXAM: _____

TIME OF EXAM: _____

CHAIRPERSON OF EXAM COMMITTEE: _____

COMMITTEE MEMBERS: _____

OUTSIDE COMMITTEE MEMBER: _____

(Only if Required)

Date student passed preliminary written exam: _____

Major field Program Director/Chairperson: _____

(Signature)

Dean/Associate Dean/Center Director: _____

(Signature)

Date sent to Graduate Education: _____