REQUEST FOR APPOINTMENT OF PRELIMINARY/DOCTORAL EXAMINATION COMMITTEE

Name: _____________________________________________________  UIN _____________________________________________

☐ Oral Preliminary Exam date/time* __________________________ (Submit at least 3 weeks before event)

☐ Final Exam/Dissertation date/time* __________________________ (Submit at least 3 weeks before event)

*Must be registered entire semester for Preliminary and Final defenses.

☐ I would like to reserve 300C

☐ I would like to reserve 305A

☐ I will not need to reserve a room (alternate arrangements have been made) __________________________

(This form will not be processed without selecting room preference)

Members: 

Vote  Yes  No

Chair:  ______________________________________________________  ☐  ☐

Co-Chair:  ______________________________________________________  ☐  ☐

Director of Research:  _________________________________________ (may be same as Chair)  ☐  ☐

Co-Director of Research:  ________________________________________  ☐  ☐

Other Member:  _______________________________________________  ☐  ☐

Other Member:  _______________________________________________  ☐  ☐

Other Member:  _______________________________________________  ☐  ☐

Other Member:  _______________________________________________  ☐  ☐

1. Graduate College requirements: at least 4 voting members, 3 of whom must be UIUC graduate faculty and 2 of whom must be tenured UIUC graduate faculty. Non-voting members, such as an external reader, a member of the faculty who is off campus, or others who can make a significant contribution to the research, may be appointed. Provide a justification for any non-member of the Graduate Faculty who is to serve with vote. YOU MUST PROVIDE A CURRENT CV FOR EXTERNAL MEMBERS WHO WILL VOTE.

2. The committee should include faculty members from more than one area of specialization.

3. The Chair & Co-Chair must be members of the Graduate Faculty.
4. IF ANY MEMBER OF YOUR COMMITTEE IS NOT GOING TO BE PHYSICALLY PRESENT, PLEASE LIST THEIR NAME, EMAIL ADDRESS, AND TELEPHONE NUMBER HERE:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Title of Dissertation (Can be tentative for *ORAL prelim):__________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

DGS Signature_____________________________________Date____________________________

****POLICY REMINDERS****

• Committee/Committee changes must be appointed before the exam occurs
• Appointment effective for 180 days from date of appt by Grad College
• Students who passed the prelim>5 years ago are required to take 2nd prelim before attempting final exam
• Students must be registered during the entire academic term in which the prelim/final exam occurs
  o For the purpose of the doctoral exam, an “academic term” extends from 1st day of instruction through the day before 1st day of instruction for the following term
• Student, committee chair & one other voting member must be physically present for exam
• All voting members must participate in the exam (in person or by video-or teleconference)

SUBMIT THIS COMPLETED DOCUMENT TO THE GRADUATE SECRETARY IN THE HISTORY DEPARTMENT ALONG WITH JUSTIFICATION FOR ANY NON-MEMBER OF THE GRADUATE FACULTY WHO IS TO SERVE WITH VOTE. YOU MUST PROVIDE A CURRENT CV FOR EXTERNAL MEMBERS WHO WILL VOTE. THE GRADUATE SECRETARY WILL FORWARD TO THE GRADUATE COLLEGE.