

Request for Prospectus Defense and Research Advisory Committee Membership

Candidate _____
Last
First
Initial

Date of Examination _____ Program _____

Major field _____

Anticipated graduation date Summer Fall Spring 20_____

This completed form must be received by the School of Public Health two weeks prior to your planned defense date. Copies of your Prospectus must also be circulated to committee members two weeks prior to your preliminary examination.

Recommended Research Advisory Committee	
Name	Department
<i>(Chair)</i>	
<i>(Admin)</i>	

Approvals

Signature of Program Director _____
Date

Signature of Assoc Dean for Academic Affairs of the School of Public Health _____
Date

Signature of Dean of the School of Public Health _____
Date