

***The University of Wisconsin – Madison Graduate School***  
***GEOLOGICAL ENGINEERING PHD FINAL ORAL COMMITTEE APPROVAL FORM***  
Please submit at least three weeks prior to exam (electronically preferred)

Date of Final Oral Exam \_\_\_\_\_ Student's E-mail \_\_\_\_\_

Student's Full Name: (Last, First, Middle ) \_\_\_\_\_

Student's 10-digit ID Number: \_\_\_\_\_

Degree: \_\_\_\_\_

Please review your program's doctoral committee policy in the program handbook.

The GLE Director must approve committee members who are not part of the graduate faculty. **Your Graduate Coordinator will obtain the GLE Director or GLE Director of Graduate Study signature prior to requesting the final defense warrant.**

The chair or one of the co-chairs of the committee must be graduate faculty from the student's program. The committee must have at least four members. The committee must have members from at least two University of Wisconsin—Madison graduate programs. Three of the committee members must be UW—Madison graduate faculty or former UW—Madison graduate faculty up to one year after resignation or retirement.

At least three committee members must be designated as readers. The fourth member and any additional members may be from any of the following categories, as approved by the program executive committee (or its equivalent): graduate faculty, faculty from a department without a graduate program, academic staff (including emeritus faculty), visiting faculty, faculty from other institutions, scientists, research associates, and other individuals deemed qualified by the executive committee (or its equivalent).

**The following faculty members have agreed to serve on the Final PhD Oral Exam Committee for the above-named student:**

NAME (Last, First, Middle)		E-mail address	READER	TITLE (ex: Professor, Asst. Professor)	UW DEPT/MAJOR REPRESENTED (or external institution)
Advisor  Co-Advisor: Y <input type="checkbox"/>					

**Proposed Dissertation Title**

\_\_\_\_\_  
*Signature: Advisor/Major Professor*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature: GLE Director of Graduate Study*

\_\_\_\_\_  
Date