# Appendix FCOMPREHENSIVE EXAMINATION / DOCTORAL COMMITTEE APPROVAL FORM

**Submit to Student Services When Completed - Incomplete Forms Will Not Be Accepted Student’s Name Advisor’s Name Student’s PeopleSoft ID**:

|  |  |  |
| --- | --- | --- |
| **Name, Academic Rank, School** | **Graduate Faculty at the University of Pittsburgh** | **Specific Expertise related to Your Focused Area of Study** |
| SHRS Doctoral Committee Chair (#1)Name: Academic Rank: | yes | no |  |
| SHRS Committee Member (#2)Name: Academic Rank: |  |  | ☐Check if this member is the co-chair |
| SHRS Committee Member (#3)Name: Academic Rank: |  |  |  |
| Outside SHRS Committee Member (#4)Name: Academic Rank: School: Email address: |  |  |  |
| Additional Committee Member :Name: Academic Rank: School: Email address: |  |  |  |
| SHRS DEAN’S REPRESENTATIVE:Name: Academic Rank: (Appointed by ADG) |  |  |  |
| SHRS DEAN’S REPRESENTATIVE:Name: Academic Rank: (Appointed by ADG) |  |  |  |

**APPROVED - Associate Dean for Graduate Studies Date**

Minimum Criteria: Minimum of 4 members

 Chair must be a Graduate Faculty member from SHRS

 MAJORITY of the committee must be University of Pittsburgh Graduate Faculty

 One member must be from outside SHRS