



School of Medicine
Graduate Studies Program
Request for Oral Examination

Note - The oral examination committee shall be appointed by the Associate Dean for Graduate Studies upon the recommendation of the student's Program Director. The oral examination committee shall consist of no fewer than four members of the graduate faculty for a Ph.D. dissertation committee or three members of the graduate faculty for an M.S. or M.P.H. thesis committee except that Programs may request permission to replace one of the committee members by a recognized scholar who is not a member of the graduate faculty. Requests to appoint a committee member who is not a member of the OSHU School of Medicine graduate faculty should include a copy of the individual's curriculum vitae. The mentor of the candidate may be included as a member of the committee. The members of the examination committee must not all have primary appointments in the same department or institute. Moreover, the committee must include at least one member who was not a member of the student's thesis/dissertation advisory committee. *This form must be submitted to the Associate Dean for Graduate Studies at least four weeks prior to examination.*

The	<i>Master's Thesis</i>	<i>Ph.D.Dissertation</i>	<i>Student ID Number</i>
Titled: _____			
submitted to the program of _____ by _____ (Program Name)			
_____ a candidate for the degree (Student Name)			
_____ is approved for (Degree Name)			
submission to the Graduate Council for the oral examination.			
<u>Faculty Name & Degree</u>		<u>Primary Department or Institute</u>	
Chair	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
* (Not a member of the student's thesis/dissertation advisory committee) † (Indicates recognized scholar-not a member of the graduate faculty)			
On _____ the committee will meet 15 minutes before the seminar in room _____			
The seminar will begin at _____ in room _____ The examination will begin at _____			
in room _____ The Committee Chair's Mail Code is _____			
Mentor Name (please print)	Mentor Signature	Date	
_____	_____	_____	
Program Director Name (please print)	Program Director Signature	Date	
_____	_____	_____	
Allison Fryer, PhD	_____	Date	
Associate Dean for Graduate Studies	Associate Dean for Graduate Studies	_____	

Please submit to:
Office of Graduate Studies
Mackenzie Hall, room 4135
Mailcode L102

For Office of the Registrar use only

Date Received: