

Request to Take Preliminary Examination (Ph.D.)

Date of Examination: _____ Time: _____ Place: _____

Name: _____ I.D. No: _____

Address (home): _____

Major Area: _____

Proposal Title: _____

Summary of Proposed Research (attach copy and provide a disk/electronic version):

	Name	Rank	Dept/Unit
Chair/Co-Chair:	_____	_____	_____
Chair/Co-Chair:	_____	_____	_____
Cognate:	_____	_____	_____
Member*	_____	_____	_____
Member*	_____	_____	_____
Member*	_____	_____	_____

*If a member is not a regular member of the graduate faculty, please attach the special nomination form found on the Rackham degree website. Include all attachments.

Approved By:

Dissertation Advisor Date

EHS Doctoral Committee Chair Date