

**The Graduate School**

I.D. No. \_\_\_\_\_

Check here to request graduation packet upon Thesis/Project Proposal approval (if graduating within the next academic term).

**To the student:**

This document consists of three separate forms (63a, 63b, 63c). Please do not print the forms double sided. Print or type to complete the appropriate sections of all forms. Complete the top half of this form, including the name of your adviser(s); the top half of form 63b, signed by your adviser(s); and form 63c in its entirety.

Some major fields require their students to contact proposed committee members regarding their willingness to serve on examining committees prior to submission of this document. Confer with your director of graduate studies to determine what responsibilities you may have in this regard.

Upon completion of appropriate sections, submit all three forms to your director of graduate studies, along with the names of the proposed committee members. After approval by the director of graduate studies, submit all forms to The Graduate School, 316 Johnston Hall.

Last Name	First	Middle or Former
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Degree Sought
Major
Track
Minor (if declared)

Name of Adviser(s) \_\_\_\_\_  
\_\_\_\_\_

**To the Director of Graduate Studies:**

This document consists of three separate forms (63a, 63b, 63c). After the student has completed the appropriate sections of all forms and has obtained adviser signature(s) as described above, the document is ready for your review. Please list below your recommendations for the student's examining committee. All committee members must be on the List of Faculty with Graduate Education responsibilities ([http://www.grad.umn.edu/faculty\\_rosters/faculty.html](http://www.grad.umn.edu/faculty_rosters/faculty.html)).

**Requirements for the composition of the doctoral final examination committee.** At minimum, the committee consists of four members, three from the major field and one from the supporting program (who normally represents a graduate program and a budgetary unit outside the student's major) or minor field.

**Provide your recommendation for chairperson.** The chair must be someone other than the adviser or co-adviser. The chair is neither required to be a thesis/project reviewer, nor from the major field.

**Provide your recommendation for thesis/project reviewers.** At minimum, the thesis/project reviewers must comprise the adviser, one other major field examiner, and one examiner from the supporting program or minor field. The List of Faculty with Graduate Education Responsibilities is available online at [http://www.grad.umn.edu/faculty\\_rosters/faculty.html](http://www.grad.umn.edu/faculty_rosters/faculty.html)

**Sign below to indicate your approval for the student's proposed examining committee.** Note that by signing below, you certify that all proposed committee members have been contacted (by the student, by the adviser, by the director of graduate studies, or by other means established for students in your major field) and that all proposed members have agreed to serve on this student's final oral examining committee.

**Sign form 63b to indicate your approval of the student's thesis/project title and proposal.**

**Major Field Examiners**  
(minimum required: three examiners;  
the adviser and one other must be designated reviewers)

**Supporting Program Field or Minor Examiner(s)**  
(minimum required: one examiner who must  
be a designated reviewer)

	Rev	Chr
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

	Rev	Chr
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

The Graduate School

Doctoral Degree

I.D. No. \_\_\_\_\_

Last Name First Middle or Former

Street

City, State, Zip

Degree Sought

Major

Track

Minor (if declared)

E-Mail Address

Doctoral Thesis/Project (working) Title:

Adviser Name (please print)

Signature

Date

Co-Adviser Name, if applicable (please print)

Signature

Date

Director of Graduate Studies Name (please print)

Signature

Date

Space Below For Graduate School Use Only

Final Oral Examining Committee

Rev Chr

Graduate School Approval

Date

I.D. No. \_\_\_\_\_

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Last Name

First

Middle or Former

**To the student:**

**In 250 words or less**, describe the research to be undertaken and the methods to be employed. Please limit to space provided below, or to one side of one separate sheet.