



Notification for Scheduling the Final Oral Exam for the PhD

Academic Regulations for Doctoral Examination

The composition of each student’s examination committee must have formal approval by the Dean or Associate Dean of Graduate Studies. The examining committee must consist of four members of the University faculty (regular full-time appointments), including at least one whose primary appointment is outside of the student’s department or school. Persons who are not members of the University faculty may serve as *additional* voting or non-voting members of the examining committee. Committee members who do have a CWRU appointment must be approved by the Graduate Dean, and their curriculum vitae submitted and reviewed. The committee is appointed by the Dean of Graduate Studies or Associate Dean on recommendation of the chair of the department, division or curricular program committee. The student’s dissertation advisor **MUST** be a member of the committee and may serve as chair if consistent with departmental policy.

The student must provide to each member of the committee a copy of the completed dissertation at least **two weeks** prior to the examination so that all members have an opportunity to read and discuss the manuscript. The time and place of Final Oral Examinations must be announced to the University community three weeks in advance. Please note that all final examinations must be located in spaces considered public (seminar) classrooms (spaces, conference rooms, etc. unless otherwise approved; this excludes faculty office space). Any member of the University may be present at an examination. Others may be present by invitation of the Chair of the Examining Committee.

Return this form to the School of Graduate Studies office for approval **no later than three weeks** prior to the date of your defense. Students must be registered for dissertation credit when the examination is held.

Please Note: All members of the committee must be present for the exam. Any dissertation defense conducted without submission of this notification form is invalid.

Name _____ ID Number _____

Department _____ Phone _____ Email _____

IRB Approval Date _____

Dissertation Title (please print legibly):

(over)

Exam Date _____ Time _____ Building _____ Room No. _____

Dissertation Advisor _____

This person must be listed as a voting member below.

List the voting members of your Examining Committee:

Examining Committee	Name	Title	Department
Committee Chair			
Member			
Member			
Outside Department Member			
Optional Member			
Optional Member			
Optional Member			

Dissertation Advisor Signature _____ Date _____

Approvals

Department Chair _____ Date _____

Dean of Graduate Studies _____ Date _____

