

Department of Ecosystem Science & Management
Doctoral Student - Schedule of Examination Request Form

Type of Exam _____

Student's Name

Student's Penn State ID#

Degree: _____ **Ph.D.** _____ Major: _____

Dual Title: _____ Minor: _____

Examination Date, Time, and Location:

If Final Oral Defense,
provide Thesis Title here

If Qualifying Examination, complete this section:

Chair of the Committee: _____

Other Member of the Committee: _____

Other Member of the Committee: _____

Other Member of the Committee: _____

Other Member of the Committee: _____

If Comprehensive Examination or Final Oral Examination, complete this section:

Chair of the Committee: _____

Co-chair (if applicable): _____

Major Field Member(s): _____

Outside Member(s): _____

Minor Field Member (s): _____

Special member(s): _____

This request form must be submitted to the **Ecosystem Science & Management Graduate Studies Office located in 319 Forest Resources Building** at least four weeks prior to the scheduled date of examination to allow for required processing to and return from Graduate Enrollment Services and any necessary distribution to the committee members via campus mail, email, and/or ListServ communication channels. Prior to scheduling a Comprehensive Examination or Final Oral Examination, a **Ph.D. Committee Appointment Signature Page must be completed** soon after passing of the Qualifying Exam and must be on file.