

# VALIDATION OF THE ORALS COMMITTEE

## **PLEASE PRINT**

Student Name: \_\_\_\_\_ EMPL ID: \_\_\_\_\_

Committee chair: \_\_\_\_\_

Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Proposed areas (three are required):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student signature

Date

### **Accepted**

\_\_\_\_\_

Committee Chair

Date

### **Approved**

\_\_\_\_\_

Executive Officer

Date