

**Preliminary Examination Committee[†]
Approval Form
Th.D. Program**



Student: Please submit the completed form to the Th.D. director

Student's Name _____ **Date Submitted** _____

This is ____ an original request
____ a request to change the committee previously approved on (date) _____

Committee Chair:

Full Name _____ Rank/Title _____

Committee Members:

2. Full Name _____ Rank/Title _____

3. Full Name _____ Rank/Title _____

4. Full Name _____ Rank/Title _____

Department/School (if not DDS faculty) _____

5. Full Name _____ Rank/Title _____

Department/School (if not DDS faculty) _____

Approved by:

Director of the Th.D. Program _____ Date _____
(for the Th. D. Oversight Committee)

Assoc. Dean for Academic Formation _____ Date _____

[†] This committee is made up of three to five faculty members, with the principal advisor as chair. The student's primary area of concentration should be reflected by the expertise of at least two members, the secondary area by at least one member. At least three members of the committee must be regular-rank faculty members in the Divinity School unless otherwise approved.