

# DEPARTMENT OF PHYSIOLOGY AND BIOPHYSICS

## REQUEST FOR APPROVAL OF THE PH.D. ADVISORY COMMITTEE, QUALIFYING EXAM COMMITTEE, and DISSERTATION READING & DEFENSE COMMITTEE

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_

### PROPOSED COMMITTEE MEMBERS

	<u>NAME</u>	<u>DEPARTMENT</u>	<u>Signature as Agreement to Serve on Committee</u>
1.	Principal Advisor/First Reader	_____	_____
2.	Co-Advisor/Second Reader	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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The above-named faculty members are hereby approved to act as the Advisory Committee for the Ph.D. student named above.

_____ Director of Graduate Studies	_____ Date
_____ Chair of the Department	_____ Date
_____ School of Medicine Associate Dean for Graduate and Postdoctoral Studies	_____ Date

# DEPARTMENT OF PHYSIOLOGY AND BIOPHYSICS

## REPORT OF THE PH.D. QUALIFYING EXAMINATION COMMITTEE

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

**MOTION:** The above-named student has **PASSED** the Qualifying Examination administered by the following Committee:

<u>NAMES/SIGNATURES</u>	<u>APPROVED</u>	<u>DISAPPROVED</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

The above-named student **HAS** met the Departmental Requirements for **Ph.D. CANDIDACY**, and the report of the Qualifying Examination Committee has been accepted as the official results for the above-named student.

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of the Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
School of Medicine Associate Dean for Graduate  
and Postdoctoral Studies

\_\_\_\_\_  
Date

**UNIVERSITY OF LOUISVILLE**  
**SCHOOL OF INTERDISCIPLINARY AND GRADUATE STUDIES**  
**Department of Physiology and Biophysics**

**Ph.D. Dissertation Defense Schedule**

To: Dean of the SIGS

Date: \_\_\_\_\_

Student Name \_\_\_\_\_

\_\_\_\_\_  
(Student I.D.)

Title of Dissertation \_\_\_\_\_

\_\_\_\_\_

Day, Date, & Time of Examination: \_\_\_\_\_

Place: \_\_\_\_\_

Principal Advisor: \_\_\_\_\_

**Please submit this completed form no later than two weeks before the oral defense.**

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
School of Medicine, Dean, Approval

\_\_\_\_\_  
Date

**UNIVERSITY OF LOUISVILLE**  
**SCHOOL OF INTERDISCIPLINARY AND GRADUATE STUDIES**  
**Department of Physiology and Biophysics**

**Ph.D. Dissertation Defense Report**

To: Dean of the SIGS

Date: \_\_\_\_\_

Student Name \_\_\_\_\_

\_\_\_\_\_  
(Student I.D.)

Title of Dissertation \_\_\_\_\_

\_\_\_\_\_

Day, Date, & Time of Examination: \_\_\_\_\_

Place: \_\_\_\_\_

Principal Advisor: \_\_\_\_\_

**The above named student has successfully completed all the requirements for the Ph.D. Degree.**

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, School of Medicine, Approval

\_\_\_\_\_  
Date