

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. | | | |
| 7. | | | |

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. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |

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