

# DEPARTMENT OF PHYSIOLOGY

## 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.			

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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
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_____ Chair of the Department	_____ Date
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_____ School of Medicine Associate Dean for Graduate and Postdoctoral Studies	_____ Date
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**DEPARTMENT OF PHYSIOLOGY**  
**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**  
**Department of Physiology**

**Ph.D. Dissertation Defense Schedule**

To: Dean of the Graduate School

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 Associate Dean for Graduate  
and Postdoctoral Studies

\_\_\_\_\_  
Date

**UNIVERSITY OF LOUISVILLE**  
**Department of Physiology**

**Ph.D. Dissertation Defense Report**

To: Dean of the Graduate School

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

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

\_\_\_\_\_  
Date