

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.	_____	_____	_____

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
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**

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 Associate Dean for Graduate
and Postdoctoral Studies

Date

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

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

School of Medicine Associate Dean for Graduate
and Postdoctoral Studies

Date