

## ORAL QUALIFYING EXAM COMMITTEE NOMINATION AND SCHEDULING FORM

*Deadline: Three weeks prior to orals taking place*

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Advisor: \_\_\_\_\_

- Minimum of five faculty members on the oral qualifying committee. The **majority** of the members must be CS faculty, and one must be the oversight member.
- All nominated faculty must be members of the Academic Senate at a UC Campus, which can include emeritus faculty. Review the [Regulations for Oral Qualifying Examination](#) for more information.
- For non-UC Academic Senate members, the nominee's CV and justification from the Graduate Advisor must be provided.
- The committee listed below **must** be approved by the Graduate Division before the oral exam can take place.
- Any changes to the committee below after the committee has been approved must be approved by the Graduate division
- Oral committee members will not automatically become members of the Dissertation Committee.
- Exams can be moved to a later date but cannot be moved up unless the committee has already been approved by the Graduate Division.

**NOTE:** In order to verify you completed all required courses to take the oral qualifying exam and advance to candidacy, submitted the [Program Plan for PhD](#) form together with this form.

Members	Department & Academic Title
Chairperson: _____	_____
Co-Chair (if applicable): _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____
Oversight Member: _____	_____
Add'l Member: _____	_____
Exam Date: _____	Exam Time: _____

1. Change to your oral committee members must be done by submitting a new Nomination for the Oral Qualifying Exam Committee form available in RGrad.
2. Changing the Chairperson requires the Graduate Advisor to attach a justification on the Qualifying Exam Committee form.
3. The committee **must be approved** by the Graduate Division prior to the oral exam. Oral exams held without the Graduate Division approval of the committee will be voided.

\_\_\_\_\_  
Faculty Advisor (PI) Signature

\_\_\_\_\_  
Date