Name: ________________________________

Title of Research Project:
__________________________________________________

Presentation and Oral Exam date/time/rooms: _______________

Oral Exam Committee (research committee plus or including 2 GSCEC*):
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

*When possible, have 2 GSCEC members that are NOT your adviser.

(A) Research Field Pyramid:

__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

(B) Three courses:

__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Approved by: ______________________________ (adviser’s signature)

Adviser Name (printed):
__________________________________________________

This form due in Graduate Coordinator’s office two weeks prior to the presentation/oral exam date. (At the same time your research paper is due to your exam committee.)