

**Case Western Reserve University  
School of Graduate Studies**

**NOTIFICATION FOR SCHEDULING THE FINAL ORAL EXAM FOR THE PH.D.**

**ACADEMIC REGULATIONS FOR DOCTORAL EXAMINATION**

The composition of each student’s examination committee must have formal approval by the Dean of Graduate Studies. The examining committee must consist of four members of the University faculty, (regular full-time appointments) including at least one whose primary appointment is outside the student's department or school. Persons who are not members of the University faculty may serve as **additional** voting or non voting members of the examining committee. Committee members who do not have a CWRU appointment must be approved by the Graduate Dean, and their curriculum vitae submitted and reviewed. The committee is appointed by the Dean of Graduate Studies on recommendation of the chair of the department, division or curricular program committee. The student's dissertation adviser **MUST** be a member of the committee and may serve as chair if consistent with department policy.

The student must provide to each member of the Committee a copy of the completed dissertation at least **TEN DAYS** prior to the examination so that all members have an opportunity to read and discuss the manuscript. The time and place of Final Oral Examinations must be announced to the University community **three weeks** in advance. Any member of the University may be present at an examination. Others may be present by invitation of the Chair of the Examining Committee.

Return this form to Nord 6th floor for approval by the Graduate Dean **no later than three weeks prior** to the date of your defense. Students must be registered for dissertation credit when the examination is held.

**PLEASE NOTE: ALL MEMBERS OF THE COMMITTEE MUST BE PRESENT FOR THE EXAM. ANY DISSERTATION DEFENSE CONDUCTED WITHOUT SUBMISSION OF THIS NOTIFICATION FORM IS INVALID.**

Name:		Department:	
ID Number:		Phone:	E-Mail:
Address:	_____		
IRB Approval Date: (if applicable)			
Dissertation Title:	_____ _____		

(over)

Exam Date, Time & Place:	
Student's Research Adviser:	

**The student's research adviser must be listed as a voting member below.**

Examining Committee	Name	Title	Department
Committee Chair Voting Member:			
Voting Member:			
Voting Member:			
Outside Department Voting Member:			
Optional (voting) Member:			
Optional (voting) Member:			
Optional (voting) Member:			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dissertation Adviser

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean of Graduate Studies