

**COMPREHENSIVE EXAMINATION / DOCTORAL  
COMMITTEE APPROVAL FORM**

**Submit to Student Services When Completed - Incomplete Forms Will Not Be Accepted**

**Student's Name** \_\_\_\_\_ **Advisor's Name** \_\_\_\_\_

**Student's PeopleSoft ID:** \_\_\_\_\_

| Name, Academic Rank, School   | Graduate Faculty |    | Specific Expertise related to Your Focused Area of Study      |
|---|------------------|----|---|
| <u>SHRS Doctoral Committee Chair (#1)</u><br>Name: _____<br>Academic Rank: _____  | yes              | no |   |
| <u>SHRS Committee Member (#2)</u><br>Name: _____<br>Academic Rank: _____  |                  |    | <input type="checkbox"/> Check if this member is the co-chair |
| <u>SHRS Committee Member (#3)</u><br>Name: _____<br>Academic Rank: _____  |                  |    |   |
| <u>Outside SHRS Committee Member (#4)</u><br>Name: _____<br>Academic Rank: _____<br>School: _____<br>Email address: _____ |                  |    |   |
| <u>Additional Committee Member :</u><br>Name: _____<br>Academic Rank: _____<br>School: _____<br>Email address: _____      |                  |    |   |
| <u>SHRS DEAN'S REPRESENTATIVE:</u><br>Name: _____<br>Academic Rank: _____<br>(Appointed by ADG)                           |                  |    |   |
| <u>SHRS DEAN'S REPRESENTATIVE:</u><br>Name: _____<br>Academic Rank: _____<br>(Appointed by ADG)                           |                  |    |   |

**APPROVED - Associate Dean for Graduate Studies**

**Date**

- Minimum Criteria: \_\_\_\_\_ Minimum of 4 members  
 \_\_\_\_\_ Chair must be a Graduate Faculty member from SHRS  
 \_\_\_\_\_ MAJORITY of the committee must be University of Pittsburgh Graduate Faculty  
 \_\_\_\_\_ One member must be from outside SHRS