

REQUEST FOR PERMISSION TO TAKE PROPOSITION EXAMINATION

NAME: \_\_\_\_\_

Date of Entrance \_\_\_\_\_ Date of Comprehensive Exam passed: \_\_\_\_\_

Proposed Title for Proposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Committee Membership ( please suggest 5 names in order of preference)

\_\_\_\_\_ Mentor  
\_\_\_\_\_ Committee Chair  
\_\_\_\_\_ Member  
\_\_\_\_\_ Member  
\_\_\_\_\_ Member  
\_\_\_\_\_ Member

Estimated date for Research Proposition Exam \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
for Operating Committee