

# **PLANT PATHOLOGY QUALIFYING EXAM COMMITTEE NOMINATION**

**STUDENT:**\_\_\_\_\_

**MEMBERS OF QUALIFYING EXAM COMMITTEE:**

Please propose at least 2 alternates in addition to the 5 primary members.

_____ Faculty Name, Committee Chair	_____ Date
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_____ Faculty Name, Committee Member	_____ Date
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_____ Faculty Name, Committee Member	_____ Date
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_____ Faculty Name, Committee Member	_____ Date
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_____ Faculty Name & Department, Outside Committee Member	_____ Date
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\_\_\_\_\_  
Alternate #1

\_\_\_\_\_  
Alternate #2

**PROPOSED DATES OF WRITTEN EXAM:**

\_\_\_\_\_

**PROPOSED DATE OF ORAL EXAM:**

\_\_\_\_\_

**TIME AND LOCATION OF EXAM:**

\_\_\_\_\_