



**REQUEST TO SCHEDULE DISSERTATION  
COMMITTEE MEETING**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student's I.D. Number)

\_\_\_\_\_  
(Dissertation Advisor)

Student's Major Pharmacology

**This is to request that the following Qualifying Exam be scheduled for the above student.**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

**Members of the Committee**

*Please Type Name:*

*Department/Program*

\_\_\_\_\_, *Chair* \_\_\_\_\_

\_\_\_\_\_, *Mentor* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Christine Konradi**, *Ex Officio* **Pharmacology**

Director of Graduate Studies: \_\_\_\_\_  
Signature

\_\_\_\_\_ Date