

Doctoral Form D-3

COMMITTEE MEMBERSHIP COMPREHENSIVE/QUALIFYING EXAMINATION COMMITTEE

Please type (handwritten forms will not be accepted):

Student's Name

Spire ID Number

Local/Cell Phone Number

Email Address

Concentration

The members whose signatures appear below have agreed to serve as my comprehensive / qualifying examination committee. *They have met as a group with me to discuss a plan for the form and content of the examination.

FULL NAME

SIGNATURE

DATE

Committee Chair

Committee Member

Committee Member

Committee Member (optional)

*All three committee members must be faculty with Graduate Faculty Status at the University of Massachusetts Amherst (check with the Office of Academic Affairs). If you have four members, the fourth may be a doctoral student who has passed his/her comprehensive examination.

Student's Signature

Date

Please file with your department before the end of the student's first full semester of study.

EPRA – Furcolo N122

SD – Furcolo S169

TECS – Furcolo W205