

# DEPARTMENT OF MATHEMATICS

## CANDIDACY/ORAL EXAMINATION COMMITTEE

*(Please email the signed form along with a copy of your syllabus to Reshma for room scheduling purposes; she will then proceed to obtain Ron's signature.)*

**CANDIDATE NAME:**

**DATE & TIME OF EXAM:**

**ROOM:**

**SYLLABI/SUBJECTS:**

**Major Area:**

**Minor Area:**

**Minor as a Masters Thesis**

**COMMITTEE MEMBERS:**

*(Please do not select the 'Lock document after signing' option)*

\_\_\_\_\_  
(Print Name – Committee Chair)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name – Major area)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name – Minor area)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Graduate Group Chair

Ron Donagi