' H S D U W P H Q W R I (Q J O L V K
Committee Declaration Form

Name: _____ SMU ID: _____ - _____

Areas of Focus

Primary: _____

Secondary: _____

Tertiary: _____

Qualifying Exam Dates

Written: Oral: Exam Committee

Director: _____

Second Committee Member: _____

Third Committee Member: _____

Fourth Member (OPTIONAL): _____

Dissertation Committee (if identical to the examination committee, please leave blank)

Director: _____

Second Committee Member: _____

Third Committee Member: _____

Fourth Member: _____

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Date Approved by Graduate Program Committee: