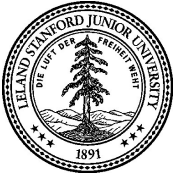


University Oral Examination Schedule



Office of the University Registrar
630 Serra Street, Suite 120
Stanford University
Stanford, CA 94305-6032
(650) 723-2041 • Fax: (650) 725-7248
registrar@stanford.edu

Procedures for Scheduling University Oral Examinations

The University oral examination is a requirement of the Ph.D. degree. The purpose of the examination is to test the candidate's command of the field of study and to confirm fitness for scholarly pursuits. Departments determine at what time during the doctoral program the examination is given. It may be a test of the knowledge of the field, a review of the dissertation proposal, defense of the dissertation, or a combination of these functions.

The University oral examination committee consists of at least five members, comprising at least four examiners and a University Chair. The chair must be a member of the Stanford Academic Council and may not have a full or joint appointment in the same department as the candidate or her/his adviser. At least three of the four examiners must be on the Stanford Academic Council (Professor, Associate Professor, Assistant Professor). An examiner who is not on the Academic Council may be appointed if he or she contributes to an area of expertise not readily available from Stanford faculty, and must be approved by the major department.

Students must be registered in the quarter in which the University oral examination is taken. Candidacy must also be valid. If the oral examination is a defense of the dissertation, the Doctoral Dissertation Reading Committee form must be submitted to and recorded by the department prior to the scheduling of the examination. An abstract of the dissertation must be provided for the chair for an oral examination that is a presentation of a dissertation proposal or defense of a partially or fully completed dissertation.

The University Oral Examination Schedule form is used to schedule the examination officially, including:

- Date, time, and location of the examination
- Type of examination and title of dissertation or subject of examination
- Composition of the committee, approved by the department chair

This form should be submitted by the student to the department graduate studies administrator at least two weeks prior to the examination date.

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Please type or print; see page 1 for rules and instructions.

Candidate's Last or Family Name First Name Middle Name

Stanford Student Number Phone Number (including area code) Email Address

Major Department or Program Minor Department

Examination Schedule

Date of Examination Time Location

Dissertation or Proposal Title

Type of Examination: Area examination Dissertation proposal Dissertation defense

Student Status: Valid candidacy Registered in exam quarter Reading committee form submitted; required for dissertation defense

Committee Composition (see page 1 for rules concerning committee composition)

			Academic Council Member?
University Chair: Name	Department	Title	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal Adviser: Name	Department	Title	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examiner: Name	Department	Title	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examiner: Name	Department	Title	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examiner: Name	Department	Title	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, we affirm that the student's academic status and the committee composition meet the guidelines for University oral examinations.

Chair, Major Department: Signature Printed Name Date

Chair, Minor Department: Signature Printed Name Date

Report of Results from the Chair of the University Oral Examination

University procedures were followed in conducting this oral examination
 All of the above members were present and voting OR The following substitution was made _____
 The candidate Passed Failed the examination.

Chair of the Oral Examination Committee: Signature Printed Name Date

By signing below, the departmental graduate studies administrator affirms that the results have been entered in Axess.

Department Administrator: Signature Printed Name Date