

Mathematics – Idaho State University
Engineering and Applied Science
Formation of Ph.D. Advisory Committee

Student's Name: _____ Bengal ID: _____
Mailing Address: _____ Home Phone: _____
Email Address: _____ Cell/Other Phone: _____

Ph.D. Advisory Committee (**must** have at least one member outside the parent department):

Advisory Committee:

Typed Name	Department/College	Signature	Date
_____ (Chair)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____

Comments and/or Conditions *(use additional sheets if necessary)*:

Major Advisor	Date	Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics	Date
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Original to Student's file

Cc: 1) Student 2) Chair, Ph.D. Advisory Committee
3) Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics

Mathematics – Idaho State University
Engineering and Applied Science

Report on Outcome of Ph.D. Comprehensive/Qualifying Examination

Student's Name: _____ Bengal ID: _____

Mailing Address: _____ Home Phone: _____

Email Address: _____ Cell/Other Phone: _____

On _____, the majority of the Ph.D. Advisory Committee recommended that the above student

Date

passed did not pass the Comprehensive Examination administered on _____.

Date

Advisory Committee (**must** have at least one member outside the parent department):

Typed Name	Department/College	Signature	Date
_____ (Chair)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____

Comments and/or Conditions (use additional sheets if necessary):

Major Advisor Date Chair, Dept. of: Chemistry/CEE/EE/
Geosciences/Mathematics/ME/Physics Date

Original to Student's file

Cc: 1) Student 2) Chair, Ph.D. Advisory Committee

3) Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics

Mathematics – Idaho State University

Engineering and Applied Science

Formation of Ph.D. Dissertation Committee

Student's Name: _____ Bengal ID: _____

Mailing Address: _____ Home Phone: _____

Email Address: _____ Cell/Other Phone: _____

On _____, the following Dissertation Committee has been formed to advise the student regarding
Date
 his/her research for the Ph.D. dissertation.

Dissertation Committee (**must** have at least one member outside the parent department):

Typed Name	Department/College	Signature	Date
(Chair)	_____	_____	_____
(Member)	_____	_____	_____
(Member)	_____	_____	_____
(Member)	_____	_____	_____
(GFR) Graduate Faculty Representative	_____	_____	_____

Comments and/or Conditions (*use additional sheets if necessary*):

<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Major Advisor</td> <td style="width: 50%; text-align: center;">Date</td> </tr> </table>	Major Advisor	Date	<table style="width: 100%;"> <tr> <td style="width: 80%; text-align: center;">Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics</td> <td style="width: 20%; text-align: center;">Date</td> </tr> </table>	Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics	Date
Major Advisor	Date				
Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics	Date				
<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Dean, Graduate School</td> <td style="width: 50%; text-align: center;">Date</td> </tr> </table>	Dean, Graduate School	Date			
Dean, Graduate School	Date				

Send Original to Graduate School, MS 8075

Cc: 1) Student 2) Student's file 3) Chair, Ph.D. Dissertation Committee
4) Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics

Mathematics – Idaho State University
Engineering and Applied Science
Report on Outcome of Ph.D. Research Proposal

Student's Name: _____ Bengal ID: _____

Mailing Address: _____ Home Phone: _____

Email Address: _____ Cell/Other Phone: _____

On _____, the majority of the Dissertation Committee approved the research proposal and plan.
Date

Declared title of the dissertation research: _____

Dissertation Committee (**must** have at least one member outside the parent department):

Typed Name	Department/College	Signature	Date
_____ (Chair)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (GFR) Graduate Faculty Representative	_____	_____	_____

Comments and/or Conditions (*use additional sheets if necessary*):

NOTE: A copy of the research proposal is to be attached to this form.

Major Advisor	Date	Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics	Date
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Original to Student's file **along with a copy of the research proposal**

Cc: 1) Student **2)** Chair, Ph.D. Dissertation Committee

3) Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics