

**Suggested Examining Committee  
(To be submitted with the Degree Program Form)**

for \_\_\_\_\_  
(*student's name*)

**Faculty statement of agreement:** By signing below, I agree to be a member of the examining committee for the student listed above.

**Master's Degree:**                      Plan A \_\_\_\_\_ Plan B \_\_\_\_\_

Major (2 examiners from the Computer and Information Sciences Graduate faculty)

Name	Signature
1. _____	_____
2. _____	_____

Minor or related fields (1 examiner from the minor program or the related field.)

Name	Signature
1. _____	_____

**Ph.D. Degree:** Preliminary Oral Committee

Major (3 examiners from the Computer and Information Sciences Graduate Faculty, including your faculty advisor.)

Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____

Minor or supporting program (1 examiner from the minor or supporting program.)

Name	Signature
1. _____	_____