

PhD RPE Request Form

Spring 200__ or Fall 200__

**This form must be filed before the first day of class
of the semester in which the exam will be done**

Name:

Date:

Semester in which the Breadth exam was passed: Spring 200__ or Fall 200__

Signature of Major Professor:

Date on which the POS was filed:

Signature of Chair for the RPE committee:

Signature of other member(s) of RPE committee:

Topic area:

Date of First Presentation:

Date of Second Presentation:

Date of Third Presentation (Before last week of class):