

Joint Doctoral Program

NOMINATION OF THE DOCTORAL COMMITTEE FOR QUALIFYING EXAMINATION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN LANGUAGE AND COMMUNICATIVE DISORDERS

NAME: _____
Last First Middle

_____ email address: _____
SDSU Student ID # UCSD Student #

To: Dean, Office of Graduate Studies, UCSD / Dean, Graduate Affairs, SDSU

In the opinion of the Department/Group of Language and Communicative Disorders at our respective institutions, the student named is ready to proceed to the Qualifying Examination for the degree of Doctor of Philosophy. The proposed field of study is : (e.g., Language processing in aphasia): _____

Committee Member (print or type)	Academic Specialty	TYPE EMAIL ADDRESS OF EACH MEMBER	Institution
Chair	_____	_____	_____
Co-Chair (if applicable)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____