



Department of Communication Sciences and Disorders

UNIVERSITY OF WISCONSIN-MADISON

Preliminary Warrant Request Form

(Submit this form a minimum of 6 weeks prior to the first proposed writing day of the preliminary exam)

Student Name: _____ Student ID Number: _____

To request your preliminary warrant, email this completed form to the Graduate Studies Coordinator, atalbert@wisc.edu, a minimum of 6 weeks prior to the first proposed writing day of the preliminary exam. The proposed writing dates should be determined by the student and his or her preliminary committee. The Graduate Studies Coordinator will confirm with the students if the proposed date(s) and time(s) are available. In addition to this form, you must submit a completed PhD Requirements Checklist Form and Minor Form to request a preliminary warrant. Students will be notified via email when the preliminary warrant is approved by the Graduate School. Students should refer to the Department Ph.D. Handbook for information on committee formation and preliminary examination details.

The following members have agreed to serve on the Preliminary Examination Committee:

Committee	Committee Member's First and Last Name	Written Exam or Grant Application	Proposed Date & Time	How many hour are you dedicating this portion?
Chair (Advisor/Major Professor) #1				
Member #2				
Member #3				

Proposed written examination dates: _____

Oral examination date: _____