

**Qualifying Exam Committee & Reading List**  
**Approval Form**  
**STEPS I & II**

Name: \_\_\_\_\_ Advisor/Chair: \_\_\_\_\_

**Step I. Approval of Examining Committee.** The committee is determined by the Director of the Examining Committee in consultation with the student.

**Examining Committee Members:**

Type in committee member's names and affiliation, if outside the Department of Psychology.

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Chair, Examining Committee: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to Department Services Administrator:**

Area Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

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**Step II. Approval of Reading List.** Each member must sign and date. Please *attach approved Reading List* to this form. Entire reading list should be finalized and distributed before signatures are collected.

**Examining Committee Members:**

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair, Examining Committee: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to Department Services Administrator:**

Area Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_