



College of Liberal Arts and Sciences

Department of Sociology and Criminology
401 North Hall

University of Iowa
20 West Davenport Street
Iowa City, Iowa 52242-1223
319-335-2502

<https://clas.uiowa.edu/sociology/>

Milestone Exam Request Form: PhD Students

Student Name: _____ HawkID/UID: _____

Exam/defense type

___ Comprehensive examination ___ Prospectus defense ___ Dissertation defense

Exam/defense information

Date: _____ Time: _____ Location: _____

Planned graduation semester and year: _____

Working title of prospectus or dissertation, as applicable:

Committee	Current UI Faculty?*	
Chair: _____	Yes	No
Co-chair (if applicable): _____	Yes	No
Member: _____	Yes	No
Member: _____	Yes	No
Member: _____	Yes	No
Member: _____	Yes	No
Member: _____	Yes	No

**If any of your proposed committee members are NOT current University of Iowa Faculty, please fill out an "External Committee Member Approval Form" for each committee member who is not currently at the UI and attach it to this form. If you have already filled out a form for a specific committee member, please note which one and the date the committee member was approved: _____ . If you are unsure who should be on your committee or how many committee members are required, see the [Grad Student Manual](#) for more information.*

___ I certify that I have discussed my plans for this exam/defense with my advisor

___ I certify that I have filled out a [departmental coursework audit](#) and attached it to this form

Student signature: _____ Date: _____

----- MAIN OFFICE USE ONLY BELOW THIS LINE -----

Signature of DGS: _____ Date: _____

Committee approved: _____ Exam request submitted: _____

Student applied for graduation: _____