

## Nursing PhD Comprehensive Exam Committee Form

**Instructions:** Please email completed form to current Ph.D. Program Director and [gnsao@uci.edu](mailto:gnsao@uci.edu) for approval.

**Committee Criteria:** The committee is comprised of the faculty advisor and 2 other faculty members inside or outside the SON with demonstrated expertise in the topical focus of the student's doctoral research. Faculty inside the SON must be senate faculty. Faculty members outside of UCI SON must have equivalent expertise/status. The comprehensive exam committee can be different from the candidacy committee.

**Student's Name:**

**Faculty Advisor (Committee Member 1)**

**Name:**

**Committee Member 2**

**Name:**

**SON Faculty:**  Yes  No

**If no, which UCI Department or School do they belong to:**

**Briefly describe member's expertise in the topical focus of the student's doctoral research:**

**Committee Member 3**

**Name:**

**SON Faculty:**  Yes  No

**If no, which UCI Department or School do they belong to:**

**Briefly describe member's expertise in the topical focus of the student's doctoral research:**

\_\_\_\_\_  
Faculty Advisor Signature      Date

\_\_\_\_\_  
Ph.D. Program Director Signature      Date

