

Qualifying Exam Proposal
Graduate Group in Food Science

Name _____ SID: _____ email: _____

Area of Emphasis _____ Major Professor _____

Title of Proposal _____

Please nominate three faculty, one in each of the three areas of specialization, Chemistry/Biochemistry, Microbiology/Fermentation and Processing). Also nominate two faculty members in your area of research specialization, and propose one of your nominees (generally in your research area) to serve as chair. One and only one of your nominees must be from outside of the FSGG. You may also nominate three alternates. Check ALL the boxes that apply to each nominee.

<u>Proposed Committee Members</u>		In Area	Chem/ Biochem	Micro/ Ferm	Processing	Outside Group
1.	Chair: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum Totals:		3	1	1	1	1
Alts:						
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tentative Date for Oral Exam: _____

Graduate Academic Advisor Signature: _____

Date: _____

Please attach an abstract of your Qualifying Exam proposal.