The University of Wisconsin-Madison Departments of Animal and Dairy Sciences Request for Final Defense Warrant

Submit request at least four weeks before exam to the Graduate Program Manager, msippel@wisc.edu.

Changes in dissertation title or date **do not** require a revised form.

Student's 10-Digit ID Number:

	(XX/XX/XXXX)			
Stude	ent's Full Name (Last, First, Middle):		
Use s	tudent's preferred name (as listed	l in MyUW) instead of legal	name on the warrant: Y	N
Mino	r:			
Madi	PhD final exam committee mu son graduate programs who are of from outside the major departmen	of either assistant, associat		•
The b	pelow faculty have agreed to serve	on my Final PhD Exam Cor	mmittee (highlight any advisor/co	-advisors):
	NAME (Last, First, Middle)	RANK (Prof, Scientist)	DEPARTMENT REPRESENTED (Full Name)	READEF (Y OR N
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2.				
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3				
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Emai	Address for Committee Member(s) Outside of UW:		
Propo	osed Dissertation Title:			
Propo	osed Date of Final Oral Exam (XX/)	(X/XXXX):		
Retur	n with form VII. "Requirements to be	e met prior to Ph.D. Final Exa	mination" to the Graduate Program	Manager via email

(msippel@wisc.edu) four weeks before the final oral exam.

Date of Request: