The University of Wisconsin-Madison Departments of Animal and Dairy Sciences Request for Master's Degree Warrant

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

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

Date of Request:	_ Student's 10-I	Student's 10-Digit ID Number:			
(xx/xx/xxxx)					
Student's Full Name (Last, First, Middle):					
Use student's preferred name (as listed in N	/IyUW) instead of legal na	me on the warrant:	Υ	N	
Student's Major (circle or highlight one):	Animal Sciences		Dairy Sciences		
Minor:					
The committee must consist of a minimum o track faculty in the Animal and Dairy Science member from within or outside of the depar	s Department. The third co	ommittee member can	be anoth	er faculty	
The below faculty have agreed to serve on r	my Final PhD Exam Comm	ittee (highlight any adv	/isor/co-a	dvisors):	
NAME (Last, First, Middle)	RANK (Prof, Scientist)	DEPARTMENT REPRESENTED (Full Name)		READER (Y OR N)	
1.					
2					
3					
4.					
5					
Email Address for Committee Member(s) Ou	utside of UW:				
Proposed Thesis Title:					
Student is required to deposit a thesis in Mo	emorial Library (circle or h	nighlight one): YES		NO	
Student will continue for a PhD in the same	program (circle or highlig	ht one): YES	NO	UNDECIDED	
Proposed Date of Defense/Exam (XX/XX/XX	(XX):				
Return with form VII. "Requirements to be m	net prior to Ph.D. Final Exa	mination" to the Gradu	ate Progr	am Manager via	

email (<u>msippel@wisc.edu</u>) four weeks before the oral exam.