

STATE UNIVERSITY OF NEW YORK

AT STONY BROOK

DEPARTMENT OF APPLIED MATHEMATICS AND STATISTICS

COMMITTEE FOR PRELIM ORAL / PH.D EXAMINATION

NAME: _____

ID #: _____

ADVISOR: _____

TITLE: _____

DATE OF EXAM: _____

COMMITTEE: _____

CHECK ONE: _____ Prelim Oral

_____ Defense (You must submit a resume/CV of the
outside member if he/she is not employed by
Stony Brook University)

CHECK ONE: _____ OR _____ CAM

_____ STAT _____ COMP BIO

TODAY'S DATE: _____