## **Department of Mathematics University of South Florida**

## Supervisory Committee Proposal for Specialty Qualifying Examination

| Cto I and Name                     |  |
|------------------------------------|--|
| Student Name                       |  |
|                                    |  |
| Major Advisor                      |  |
|                                    |  |
| Title of Specialty Qualifying Exam |  |
|                                    |  |
| Proposed Exam Date                 |  |
|                                    |  |
| Names of Examiners (2)             |  |
|                                    |  |
|                                    |  |

Syllabus:

| Committee Members | Signatures of Committee Members |
|-------------------|---------------------------------|
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| Approval of Graduate Program Director/Date |  |
|--|--|
|  |  |

Copies to: 1. Major Professor, 2. Student, 3. Co-examiner, 4. Student Files