

**DEPARTMENT OF HORTICULTURE**  
College of Agriculture and Natural Resources  
Michigan State University  
East Lansing, MI 48824-1325

To the Dean of the College of Agriculture and Natural Resources:

The following staff members= names are recommended as members of the Examining Committee  
for

\_\_\_\_\_  
(candidate-s full name)

\_\_\_\_\_  
(PID number)

Name

Signature\_\_\_\_\_  
(Exam Committee Chair)

Department

Name

Signature\_\_\_\_\_

Department

Name

Signature\_\_\_\_\_

Department

Name

Signature\_\_\_\_\_

Department

Name

Signature\_\_\_\_\_

Department

Approved by:

\_\_\_\_\_  
Graduate Programs Chair (Date)  
Department of Horticulture

\_\_\_\_\_  
Academic Dean (Date)  
College of Agriculture and Natural Resources