

North Carolina State University
The Graduate School

REQUEST TO SCHEDULE DOCTORAL ORAL EXAMINATION

Preliminary, Final

*****This Form Must Be Submitted At Least Two Weeks Prior To Proposed Date Of Exam*****

To: Dean of The Graduate School

From: Program Director: _____
Director's name/Program name

Proposed Examination:

Day/date Start time End time Room/bldg

Student Information:

Name: _____ ID Number: _____

Program or Dept: _____ Degree/Major: _____

Dissertation
Title: _____

Verification:

1. The student has completed all written examinations/proposals in our department and in his/her minor field. The committee members listed below have agreed to attend at the above date and time.

a. _____ <input type="checkbox"/> Chair <input type="checkbox"/> Co-chair (choose one)	b. _____ <input type="checkbox"/> Co-chair
c. _____	d. _____
e. _____	f. _____
g. _____	h. _____

2. The Graduate School Representative, _____, has agreed to attend the examination at the above time.

3. I verify that the student's current committee, as listed above, and completed courses have been compared to the approved POW and that any discrepancies in SIS have been reconciled and corrected.

4. One or more of the committee or the student will be located remotely. Yes No. (if yes, please attach supplemental form "Request to Conduct Doctoral Oral Remote Exam").

Director of Graduate Programs (Sign/Date): _____

Graduate School Approval/Date: _____

Defender t-shirt size, if this for FINAL exam: Small Medium Large XL