North Carolina State University The Graduate School

**Request To**

**SCHEDULE MASTER’S ORAL EXAMINATION**

\*\*\*Must be submitted at least ten working days prior to exam date\*\*\*

|  |
| --- |
| **To:** Dean of The Graduate School |
| **From:** Program Director:  |
| Director’s name**/**Program name |

***Student Information:***

|  |  |
| --- | --- |
| Name:  | ID Number:  |
| Degree/Program:  | Major:  |
|  Month/Year (permit will be valid only during month and year specified) Month \_\_\_\_\_\_\_\_\_\_\_\_ and Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
|  |
|  Please check one: thesis |  | non-thesis |  |

***I verify that (please check items below):***

The following committee has been approved by the department/program:

|  |  |
| --- | --- |
|  a.  |  b.  |
| Chair Co-chair (choose one) | Co-chair (member assumed if unchecked) |
|  c.  |  d.  |
|  e.  |  f.  |
|  g.  |  h.  |

The above committee and the Plan of Work have been submitted to SIS by the department or program and have been approved.

One or more of the committee or the student will be located remotely. supplemental form “Request to Conduct Master’s Remote Oral Exam”).

Yes

No. (if yes, please attach

***DGP Signature/Date:***



***Graduate School Approval/Date:***

7/19/2012