

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. _____
 Chair Co-chair (choose one)

b. _____
 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. Yes No. (if yes, please attach supplemental form "Request to Conduct Master's Remote Oral Exam").

DGP Signature/Date: _____



Graduate School Approval/Date: _____