

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: \_\_\_\_\_

Term/Year (permit will be valid only during term and year specified): \_\_\_\_\_

Est. Date (optional): \_\_\_\_\_ Est. Time (optional): \_\_\_\_\_ Place (optional) \_\_\_\_\_

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

**DGP Signature/Date:** \_\_\_\_\_

.....  
**Graduate School Approval/Date:** \_\_\_\_\_