

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
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Student Information:

Name: _____ ID Number: _____

Program or Dept: _____ Degree/Major: _____

Dissertation
Title (Final
Only): _____

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

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.

Director of Graduate Programs (Sign/Date): _____

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Graduate School Approval/Date: _____

Defender t-shirt size, if this for FINAL exam: S M L XL 2XL 3XL