

**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: \_\_\_\_\_

***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. _____<br><input type="checkbox"/> Chair <input type="checkbox"/> Co-chair Remote<br>(choose one) | b. _____<br><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