

North Carolina State University
Graduate School

REQUEST TO SCHEDULE MASTERS ORAL EXAMINATION

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)

Please check one:

Month:

Year:

Thesis

Non-Thesis

I verify that (please check items below):

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

- | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 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 |

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

DGP Signature/Date: _____

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Graduate School Approval /Date: _____