

Request for Examination

Return signed copy to: The Graduate School, 207 Bowne Hall, at least 3 weeks prior to defense date.

First Name *

Degree *

Email Address *

Last Name *

Program *

SUID *

Thesis/Dissertation Title *

Examination Date *



ExaminationTime *

Examination Place *

▼ Oral Defense Committee

Oral Exam Chair *

Oral Chair Email Address *

Committee Member 1 *

Committee Member 1 Email Address *

Committee Member 2 *

Committee Member 2 Email Address *

Committee Member 3

Committee Member 3 Email Address

Committee Member 4

Committee Member 4 Email Address

Committee Member 5 (if applicable)

Committee Member 5 Email Address

The undersigned hereby recommend that the Graduate School approve the above committee to examine the candidate's thesis/dissertation and to conduct the final oral examination.

Advisor *

Advisor Email Address *

Advisor Signature

Academic Unit Chair *

Academic Unit Chair Email Address *

Academic Unit Chair Signature