

# THIS FORM MUST BE TYPED

## ***REQUEST FOR FINAL ORAL EXAMINATION***

This form must be submitted to the Office of the Dean of Graduate Studies two weeks prior to date of examination. It must be accompanied by one copy of the dissertation.

DEPARTMENT: \_\_\_\_\_

THIS IS TO REPORT THAT THE SUPERVISING COMMITTEE FOR:

\_\_\_\_\_

**(Name of the Doctoral Candidate)**

has received the doctoral dissertation for the purpose of examination and now requests that the final oral examination be set for:

\_\_\_\_\_

(Month)

(Day)

(Year)

(Time)

(Place)

DOCTORAL CANDIDATE'S E-MAIL ADDRESS \_\_\_\_\_

TITLE OF DISSERTATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By his/her signature below each member of the Supervisory Committee agrees that he/she considers the dissertation and dissertation abstract to be in satisfactory form for the purpose of final examination, that he/she is agreeable to proceeding with the final examination, and that he/she is willing to attend this examination on the date specified.

COMMITTEE

APPROVALS: \_\_\_\_\_

Print Name

**Supervising Professor**

Signature

Print Name

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ONE MEMBER OF MY COMMITTEE WILL BE ABSENT FROM THE EXAM**

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

APPROVED: \_\_\_\_\_

**Dean of Graduate Studies**