

REQUEST TO SCHEDULE A DOCTORAL EXAMINATION

TO: Graduate School _____

FROM: (School or Program) _____

DATE: _____ Bear Number _____

Student's Name _____

Current Address _____

TYPE OF EXAMINATION REQUESTED: Please check either **ORAL COMPREHENSIVE** or **DEFENSE OF DISSERTATION** blank and have your advisor sign on the appropriate line. Requests must be turned in to the Graduate School at least two weeks prior to the Exam/Defense. Exceptions to this rule must be accompanied by an explanation of the late request and will be considered on a case by case basis. No exam/defense will be allowed with less than one week prior notice.

_____ **ORAL COMPREHENSIVE.** The oral exam will not be authorized until the written examination report signed by the program advisor is filed with the Graduate School indicating that the student passed the written exam at least two weeks prior to the actual date of the oral comprehensive.

Signature of Program Advisor _____ Date _____

_____ **DEFENSE OF DISSERTATION.** Please indicate the title of the dissertation

Signature of Research Advisor _____ Date _____

PLACE WHERE EXAMINATION WILL BE HELD: _____
Building and Room Number

DATE: _____ TIME: _____

List of Committee Members:

Exams conducted without prior approval from the Graduate School will NOT be accepted.