

REQUEST TO SCHEDULE A DOCTORAL EXAMINATION

Email to GRAD.SCHOOL@unco.edu at least 2 weeks prior to exam. Please TYPE:

Student's name _____ Bear ID (last 4 digits) _____
Student's Bearmail _____ Preferred Pronouns _____
Student attending ORALS only: On Campus Electronic Program/Major _____

This form must be turned in to the Graduate School at least **2 weeks prior to the Exam/Defense**. Exceptions to this rule must be accompanied by an explanation of the late request from the Research Advisor and will be considered on a case by case basis. *No exam/defense will be allowed with less than one-week prior notice.*

We will verify you have met these requirements before approving scheduling of the exam:

- Results of Written Comps files with the Graduate School – the results of the written examination must have been filed with the Graduate School indicating that the student passed the written comps.
- Plan of Study must be on file with the Graduate School.
- Committee must match the committee on record in the Graduate School records. Changes to the committee must be made prior to the two weeks required to schedule the exam or it must be rescheduled.
- GPA of at least 3.0
- Must be enrolled in 1.0 credit hour – if not, continuous registration fee will be billed to your UNC account

TYPE OF EXAMINATION REQUESTED:

ORAL COMPREHENSIVE EXAMINATION
 DEFENSE OF DISSERTATION
 DEFENSE OF SCHOLARLY PROJECT

Please **type** title of dissertation or scholarly project. This title will be listed in the graduation program – **Do not use abbreviations or acronyms in the title.**

Exam Date: _____ Exam Time: _____
Exam Location/Building & Room Number: _____

List **ONLY** the names of Committee Member(s) and/or Student (Orals only) Attending Electronically.

Per electronic attendance policy (page 2) All committee members, including the Faculty Representative or appointed substitute, must be present in person or electronically per the guidelines for Doctoral Research Committees. **No more than 2 individuals total may participate electronically (includes the student and committee members).** Any emergency substitution must be appointed prior to the start of the examination.

List Committee Members – **MUST** match the committee and roles appointed by the Graduate School

Research Advisor/Co-Research Advisor _____
Co-Research Advisor or 2nd Committee Member _____
Committee Member _____
Faculty Representative _____
5th Committee Member or Honorary Member _____

Signature of Research Advisor _____ DATE _____