

School of Technology Graduate Studies

Request to Schedule Oral Examination (Must be filed 3 weeks prior to exam date)

Major Advisor: _____ Directed Project
Graduate Student: _____ Thesis
 Comprehensive Examination

Project/Thesis Title: _____

Exam Date: _____
Exam Start Time: _____
Exam End Time: _____

Equipment Required (check all that apply) :

Overhead Projector
 Computer Projector
 Other (please specify at right) _____

Examining Committee Members:

Invited Guests Requested:

Examining Committee Same as Advisory Committee?

Yes
 No

Note: It is the College of Technology's graduate policy that the presentation portion of all final examinations be open to the university faculty and student communities

Requested By:

Signature, Major Advisor

Grad Faculty Code: _____

NOTE: Please assume this request has not been received by the School of Technology Graduate Office until you receive confirmation.

CONFIRMATION: (For Office Use Only)

Exam Date: _____
 Exam Time: _____
 Room Number: _____
 Equipment: _____
 Faculty & Students _____
 Notified (Date): _____