



**EXAMINATION SCHEDULE REQUEST**  
Please submit to Graduate Education Office (PL 113)

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**Dear Student:** You must select the date/time for the exam when ALL committee members are available and can attend, And reserve the room for your exam. (Your department secretary is a great resource for available room information.)

-  Your exam may not be scheduled during the period of final examinations at the end of the semester (see academic calendar at the front of the current catalog).
-  This form must be completed and received in the Graduate Office NO LESS THAN FIVE WORKING DAYS before the scheduled time of the exam.

Student \_\_\_\_\_ Student Signature \_\_\_\_\_  
Family name First name

Department or program \_\_\_\_\_

Time \_\_\_\_\_ [ ] a.m. [ ] p.m. on \_\_\_\_\_  
Day of week Month Date Year

Room \_\_\_\_\_ of the \_\_\_\_\_ Building

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**EXAMINATION TYPE (Please choose only one.)**

**Master of Science**

- A.  Non-Thesis Option including coursework only option and project option
- B.  Thesis Option taking SEPARATE exams
  - Coursework Exam
  - Thesis Defense Exam
- C.  Thesis Option NOT taking separate exams

**Doctor of Philosophy**

- Dissertation Defense

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Thesis/Dissertation Title (if applicable):

Name of Major Professor (please print) \_\_\_\_\_

Name of Graduate Division Representative (please print) \_\_\_\_\_

 **Approved by:**

Major professor signature and date

Graduate representative signature and date