

SCHEDULE FOR ORAL EXAMINATION

Semester _____

Student's Name _____

Student's Major _____

Date of Oral _____

Day of Week _____

Time of Oral _____

Room _____

Committee Members

1. _____, Supervising Professor
2. _____, Committee Member
3. _____, Committee Member

The Supervising Professor of the Student's Graduate Committee completes and returns this form to the College of Graduate Studies, Box 10078, at least ten days prior to the date for the oral examination.

Signature of Supervising Professor

Signature of College Dean