



# EXAMINATION SCHEDULE REQUEST

Please submit to Graduate Education Office (MI Room 235--phone 2493)

**Dear Student:** You must select the date/time for the exam when ALL committee members (including the relevant department chair or graduate program coordinator) 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

## EXAMINATION TYPE: (Please choose only one.)

### M.S. Level

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

### Ph.D. Level

- Dissertation Defense

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