

College of Technology Graduate Studies

Request to Schedule Oral Examination (Must be filed 2 weeks prior to exam)

Major Advisor:

Graduate Student:

Directed Project 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:

Additional Invited Guests Requested:

Examining Committee Same as Advisory Committee?

Yes

No

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

Requested By:

Grad Faculty Code:

Signature, Major Advisor

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

CONFIRMATION: (for office use only)
Exam Date: _____ Exam Time: _____
Room: _____ Equip: _____
Faculty & Student Notified: _____