

# COMPARATIVE RELIGION EXAM SCHEDULING FORM

Process:

1. Complete this form and have Professor Joel Walker sign it.
2. Turn the completed form into the Graduate Program Advisor (GPA) in Thomson 116 or the the Office of Academic Services in Thomson 111.
3. The GPA will reserve a room if needed and notify you and your committee of the location. The GPA will prepare your file for the Oral Exam and give it to your committee members prior to the exam date.

**Student Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Committee Members:**

<u>Name</u>	<u>E-mail</u>	<u>Department</u>
Chair: _____	_____	_____
_____	_____	_____
_____	_____	_____

**Title of Paper(s):**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**Written Exam Schedule:**

Date: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

**(The GPA will send your questions on this day prior to noon; your responses will be due a week later.)**

**Oral Exam Schedule:**

Day of the Week: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Approved by Joel Walker:** \_\_\_\_\_