

COMPARATIVE RELIGION EXAM SCHEDULING FORM

Process:

1. Complete this form and have Professor Wellman sign it.
2. Give the completed and signed form to the Office of Academic Services in Thomson Hall room 111.
3. Based on this signed form, OAS will schedule a room if needed, set up your file for the oral exam and see that the file is given to one of your committee members prior to the exam.

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: _____

(Paula 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 James Wellman: _____