

REECAS EXAM SCHEDULING FORM

Process:

1. Complete this form and have each member of your committee 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 prior to the exam.

Student Name: _____

E-mail: _____ **Phone:** _____

Thesis title:

Oral Exam Schedule:

Day of the Week: _____ Time of Day: _____

Date: _____ Location: _____

NOTE TO FACULTY: By signing this form, you are agreeing that:

1. This student is ready for the exam;
2. Sufficient progress on the thesis has been made that it is reasonable to expect this student can finish it within two weeks of the oral exam as scheduled; and
3. You are available at the time set for the oral.

Committee Members:

<u>Name (Please Print)</u>	<u>Signatures</u>	<u>E-mail</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

