

**SOUTHEAST ASIAN STUDIES
ORAL EXAM SCHEDULING FORM**

Process:

1. 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:

Name

E-mail

Department

Chair: _____

Title of Thesis, Papers or other (*Please give exact titles*):

1. _____

2. _____

Oral Exam Schedule:

Day of the Week: _____ Time of Day: _____

Date: _____ Location: _____

(If room is need, OAS will obtain room and inform all)