

REECAS EXAM SCHEDULING FORM

1. Complete this form and have each member of your committee 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:** _____

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:

