

**SOUTH ASIAN STUDIES
ORAL EXAM SCHEDULING FORM**

1. Complete this form and have Professor Kale sign it.
2. Turn the completed form into the Graduate Program Advisor (GPA) in Thomson 116 or to the Office of Academic Services in Thomson 111.
3. The GPA will reserve a room if needed and notify you and your committee members of the location. The GPA will prepare your file for your 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 Thesis or Papers (*Please give exact titles*):

1. _____

2. _____

Oral Exam Schedule:

Day of the Week: _____ Time of Day: _____

Date: _____ Location: _____

(to be determined after this form is submitted)

Approved by Graduate Program Coordinator: _____
Sunila Kale