

**SOUTHEAST ASIAN STUDIES
ORAL EXAM SCHEDULING FORM**

1. Turn the completed form into the Graduate Program Advisor (GPA) in Thomson 116 or to the Office of Academic Services in Thomson 111.

2. 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>
<u>Chair:</u> _____	_____	_____
_____	_____	_____
_____	_____	_____

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)