



PH.D. PRELIMINARY ORAL EXAM SCHEDULING FORM

PROCESS

1. Complete this form (except the location).
2. Turn the form into the GPA as a .pdf via email, or as a paper copy to THO 116.
3. The GPA will reserve a room and notify you and the committee of the location.

STUDENT INFORMATION

Student name: _____

E-mail: _____ Phone: _____

COMMITTEE MEMBERS

Name	Email	Signature
Chair: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____

ORAL EXAM SCHEDULE

Date: _____ Time: _____ Location: Determined by GPA