

Date _____

ANNOUNCEMENT of MASTER'S ORAL EXAMINATION

➤ *Send to the Graduate School a minimum of 10 working days before the exam.*

Name _____ ID# _____

Candidate for the degree of _____ Major _____

Thesis (Yes or No) _____

If Yes, Thesis Title: _____

Date of Examination _____ Time _____

Place _____

Examination Committee: _____ Chairperson
(Typed Names)

Outside Graduate Faculty Representative

Note: The committee will consist of a minimum of three Graduate Faculty members, including one Graduate member from outside your department.

Approved:

Signature, Thesis Chairperson

Typed Name

Date

Signature, Graduate Program Director

Typed Name

Date

Signature, Graduate School Representative

Sherry G. Sims
Typed Name

Date