MEMORANDA FOR SCHEDULING AN ORAL EXAMINATION

Date: ____________

This memoranda is to schedule the oral portion of the following examination:

(Check one)

_____ University Oral Qualifying Examination

_____ Final Oral Examination

TO:

Professor ____________________________, Chairman

Professor ____________________________

Professor ____________________________

Professor ____________________________

Professor ____________________________

In accordance with arrangements made by the doctoral student, the above selected oral examination for the degree of Doctor of Philosophy for:

____________________________________ has been scheduled as follows:

(Name of PhD student)

Date: ________________

Time: ________________

Place: ___________________________________________________________

Proposed Title of Dissertation _________________________________________

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Cc: Graduate Advisor ____________________