# Request for Graduate Examination/Thesis Defense

This form is due AT LEAST two weeks prior to the date of the examination. See the instruction sheet for information on filling out this form.

**Student Name:** 

**Student Number:** 

**Degree/Program:** 

**Type of Examination:**
- [ ] Master's Thesis Defense (Plan I)
- [ ] Master's Non-Thesis (Plan II)
  - [ ] Project
  - [ ] Report
  - [ ] Comp Exam
- [ ] Doctoral-Comprehensive Examination
- [ ] Doctoral-Thesis Defense

**Date of Exam:** 

**Time of Exam:** 

**Room Number:** 

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**Examination Committee (type names, no signatures):**

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<th>Faculty Name</th>
<th>Program Affiliation</th>
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**ALL students must obtain the signature of their graduate program director, approving the above information.**

**Grad. Prog. Director:** 

**Date:** 