



Notification of Scheduled Doctoral Oral Examination

Student First and Last Name: _____

Student Email: _____ PID: _____

Faculty Advisor: _____ Email: _____

Co-Advisor: _____ Email: _____

Scheduled Doctoral Oral Exam(s):

- Comprehensive Dissertation Proposal Final (Defense)

Dissertation Title:

Exam Day/date _____ Start Time _____

*The following examination/dissertation committee members will be present for this oral examination.
Check all options that apply.*

a. _____
 Chair Remote

b. _____
 Co-Chair Remote

c. _____
 Remote

d. _____
 Remote

e. _____
 Remote

f. _____
 Remote

By signing this form, I certify:

- My entire committee will attend the specified oral examination on the date/time listed above.
- All committee members have received a copy of my written exam.

Student Sign _____

Date _____

Students and their committee chair are responsible for arranging meeting location and format.