



Notification of Scheduled Doctoral Oral Examination

Student First and Last Name: _____

Student Email: _____ PID: _____

Faculty Advisor: _____ Email: _____

Co-Advisor: _____ Email: _____

Scheduled Doctoral Oral Exam (check one):

- 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.