

Date_____

ANNOUNCEMENT of DOCTORAL ORAL EXAMINATION

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

Name_____ ID#_____

Candidate for the degree of _____ Major _____

Dissertation Title: _____

Date of Examination_____ Time_____

Place_____

Examination Committee:_____ Chairperson
(Typed Names)

Outside Graduate Faculty Representative

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

Approved:

Signature, Dissertation Chairperson

Typed Name

Date

Signature, Graduate Program Director

Typed Name

Date

Signature, Graduate School Representative

Sherry G. Sims

Typed Name

Date