



## Exam Request

**NOTE: Requires Adobe Acrobat to fill-in and sign**

**This form is due AT LEAST two weeks prior to the date of the examination. Use this form to schedule graduate examinations/ defenses for masters and doctoral programs. See the instruction sheet for information on filling out this form.**

Student Name:

Student Number:

Degree/Program:

Type of Examination:  
(Check One)

☐ Master's Thesis Defense (Plan I)

☐ Master's Non-Thesis (Plan II)

*Choose one of the following:*

☐ Project ☐ Report ☐ Comp Exam

☐ Doctoral-Comprehensive Examination

☐ Doctoral-Thesis Defense

How many doctoral dissertation credits appear on the transcript, up to and including the defense semester?  
(Only Doctoral-Thesis Defense)

Date of Exam:

Time of  
Exam:

Room  
Number:

Thesis Title:  
(Only Master's Thesis  
and PhD Final Defense)

Thesis Advisor:  
(Master's Thesis and all PhDs)

Examination Committee (type names, no signatures):

**Faculty Name**

**Program Affiliation**

Chair:

If you are a PhD student completing your thesis defense, you must obtain your chairperson's signature, approving the date of your defense.

Thesis Chairperson:

Date

**ALL students must obtain the signature of their graduate program director and administrator, approving the above information.**

Grad. Prog. Admin:

Date

Grad. Prog. Director:

Date: