

### MS Exam Request

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 thesis and project programs. See the instruction sheet for information on filling out this form.

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Degree/Program: \_\_\_\_\_

Type of Examination: (Check One)

Master's Thesis Defense (Plan I)		
Master's Non-Thesis (Plan II)		
<i>Choose one of the following:</i>		
Project	Report	Comp Exam

Title of Project/Thesis: \_\_\_\_\_

\_\_\_\_\_

Date of Exam: \_\_\_\_\_ Time of Exam: \_\_\_\_\_ Room Number: \_\_\_\_\_

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

Faculty Name

Program Affiliation

Chair: \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL students are responsible for completing this form. The department will obtain the Grad. Prog. Director's signature on behalf of the student.**

Grad. Prog. Director: \_\_\_\_\_ Date: \_\_\_\_\_