

UNIVERSITY OF NORTHERN COLORADO GRADUATE SCHOOL

REQUEST TO SCHEDULE A DOCTORAL EXAMINATION

Complete form digitally and Email to Carol.Steward@unco.edu at least 2 weeks prior to exam.
Once approved, exam is announced on the Graduate School Calendar. Results form will be emailed to committee.

Student's name _____ Bear ID (last 4 digits) _____

Student's UNC email _____ Preferred Pronouns _____

Exam will take place: On Campus Virtual Program/Major _____

Turn in form to the Graduate School at least **2 weeks prior to the Exam/Defense**. Exceptions to this rule must be accompanied by an explanation of the late request from the Research Advisor and will be considered on a case-by-case basis. *No exam/defense will be allowed with less than one-week prior notice.*

Graduate School will verify you have met these requirements before approving scheduling of the exam:

- Results of Written Comps filed with the Graduate School indicating that the student passed the written comps.
- Plan of Study must be on file with the Graduate School.
- Committee must match the committee on record in the Graduate School records. Changes to the committee must be made prior to scheduling the exam or it must be rescheduled.
- GPA of at least 3.0
- Must be enrolled in 1.0 credit hour – if not, continuous registration fee will be billed to your UNC account

TYPE OF EXAMINATION REQUESTED:

ORAL COMPREHENSIVE EXAMINATION

DEFENSE OF DISSERTATION

DEFENSE OF SCHOLARLY PROJECT

Defense requests must Type title of dissertation or scholarly project. Do NOT use acronyms or abbreviations in the title.

Exam Date: _____ Exam Time: _____

Exam Location/Building & Room Number: _____
(Zoom links will not be included in the Calendar announcement.)

Committee Members – MUST match the committee and roles listed in your committee appointment letter. Emergency substitutions must be appointed to the committee PRIOR to the start of the examination.

Research Advisor/Co-Research Advisor _____

Co-Research Advisor or 2nd Committee Member _____

Committee Members _____

Faculty Representative _____

Research Advisor (**Adobe Verified Signature of required**) _____