The

APPROVAL TO SCHEDULE FINAL EXAMINATION: DOCTORAL

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Chool	K-State eID:			Date:
ansas State niversity	Student Number (WID):			Time:
	Degree Program:			Place:
	College:	AG AR AS	BA	
ertation Title:				
			named above is approved to take a final examinate at http://www.k-state.edu/grad/students/gradange	
			child Hall with a copy of the Abstract and Abstract T	itle Page when the date, time, and
he final examinati	ion have been approved by	all committee members.		
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Upon receipt of the "Approval to Schedule Final Examination" form, your records will be checked to see if all requirements have been met so that you may receive your degree this semester. The Graduate School will send a message to your email address either that your materials are in order or that you have specific problems that must be resolved prior to graduation. If you do not have access to email, please indicate a postal address for sending a letter.