

North Carolina State University  
The Graduate School

**REQUEST TO SCHEDULE DOCTORAL ORAL EXAMINATION**

☐ Preliminary, ☐ Final

\*\*\*This Form Must Be Submitted At Least Two Weeks Prior To Proposed Date Of Exam\*\*\*

**To:** Dean of The Graduate School

**From:** Program Director: \_\_\_\_\_  
Director's name/Program name

***Proposed Examination:***

Day/date \_\_\_\_\_ Time \_\_\_\_\_ Room/bldg \_\_\_\_\_

***Student Information:***

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

Program or Dept: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Dissertation  
Title: \_\_\_\_\_

***Verification:***

1. The student has completed all written examinations/proposals in our department and in his/her minor field. The committee members listed below have agreed to attend at the above date and time.

a. _____ <input type="checkbox"/> Chair <input type="checkbox"/> Co-chair (choose one)	b. _____ <input type="checkbox"/> Co-chair <input type="checkbox"/> Vice-chair (member assumed if unchecked)
c. _____	d. _____
e. _____	f. _____
g. _____	h. _____

2. The Graduate School Representative, \_\_\_\_\_, has agreed to attend the examination at the above time.

3. I verify that the student's current committee, as listed above, and completed courses have been compared to the approved POW and that any discrepancies in SIS have been reconciled and corrected.

4. One or more of the committee or the student will be located remotely. ☐ Yes ☐ No. (if yes, please attach supplemental form "Request to Conduct Doctoral Oral Remote Exam").

**Director of Graduate Programs (Sign/Date):** \_\_\_\_\_

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**Graduate School Approval/Date:** \_\_\_\_\_