

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: _____