

# MIDDLE EAST STUDIES ORAL EXAM SCHEDULING FORM

**Process:**

1. Determine with your committee the date and time of your Oral Exam
2. Complete this form and have Professor Schuyler sign it.
3. Give the completed and signed form to Paula Milligan in Thomson 116.
4. Based on this signed form, Paula will reserve a room for your Oral and let you and your committee members know.

**Student Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Committee Members:**

<u>Name</u>	<u>E-mail</u>	<u>Department</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Paper(s) or Thesis Title(s):**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**Oral Exam Schedule:**

Day of the Week: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Approved by Philip Schuyler:** \_\_\_\_\_