



**Request for Master's Examination**  
 Submit typed original and one copy

Name		Student ID	
Date		Degree	
Program			

Examination Information					
Date		Time		Location	
Thesis Option		Non-Thesis Option			

The program recommends the appointment of the examination committee listed below.

Examination Committee			
Major Professor		Committee Member	
Committee Member		Committee Member	

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Chair of Department

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Dean of the Graduate School