PREPARATION FOR **FINAL** ORAL EXAM

Return this form to the Department Graduate Office at least two weeks prior to the Final Oral Exam.

- Only complete this form if reconstitution of committee has been finalized and/if there are no changes to your doctoral committee.
- You are responsible for arranging the date and time with the committee.
- You are responsible for arranging a room (see secretary in your area).
- REMINDERS will be sent out to committee members <u>ONE</u> week prior to the exam. (We strongly recommend that you also remind members, especially outside member(s), <u>one day</u> or so prior to the exam.)
- COMPLETE all sections below PLEASE PRINT LEGIBLY.

Student Name: Mailing Address:	Last Name,	First Name			
Maining Address.	Number and Stree	t	City	State	Zip Code
UID#:		_			

DOCTORAL COMMITTEE

COMMITTEE MEMBERS SHOULD BE THE SAME AS YOUR QUAL ORAL EXAM COMMITTEE

Name	Department	Academic Rank List One: Professor, Professor or Associate Professor Emeritus, Professor-in-Residence, Acting Professor or Acting Associate Professor
, Chair	Physics & Astronomy	
	Physics & Astronomy	
	Physics & Astronomy	

DATE:

TIME:

LOCATION OF EXAM:

(NOTE: Please notify Dept. Grad Office of any changes)