

Request to Take M.S. Oral exam

To: CMMB Graduate Program Director

Date: _____

Graduate Student's Name: _____

Date of M.S. Oral Exam: _____

Time of Exam: _____

Location: _____

Approval of Committee:

Dr. – Major Advisor

Date

Dr. – Committee Member

Date

Dr. – Committee Member

Date

Dr. – Committee Member

Date

Approval of Graduate Director

Dr. Lindsey Shaw – Graduate Program Director

Date

Cc: Student