



Oral Examination/Assessment Schedule Form

Date: _____

Name: _____

Student ID: _____ Email Address: _____

Date of Oral Exam: _____ Time: _____ Location: _____

This form must be filed with the College of Graduate Studies at least 10 working days prior to the presentation. The signatures below indicate the schedule document has been submitted to the committee and student/committee agree to exam date/time.

_____ Student	_____ Type Name	_____ Date
_____ Committee Chair	_____ Type Name	_____ Date
_____ Committee Member (optional)	_____ Type Name	_____ Date
_____ Committee Member (optional)	_____ Type Name	_____ Date
_____ Committee Member (optional)	_____ Type Name	_____ Date
_____ Graduate Dean	_____ Type Name	_____ Date

Submit this form to the College of Graduate Studies (T-0350) or grad-docs@tarleton.edu.

For COGS Use Only

Initials _____ Date Received _____