

**GENERAL EXAMINATION**  
**SCHEDULE FORM**

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

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

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

Title Paper 1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Title Paper 2: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COMMITTEE MEMBERS**

Please sign below to indicate your availability during the scheduled date and time.

Advisor: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Name

Member 1: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Name

Member 2: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Name

Member 3: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Name

Member 4: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Name

Member 5: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Name

Student: Return signed form to the EAPS Education Office, 54-912.