

PhD INTERNAL ORAL REVIEW SCHEDULING NOTIFICATION

STUDENT INFORMATION			
Student Name:		Student ID#:	
Dissertation Title:			
ORAL EXAMINATION SCHEDULING INFORMATION			
Please specify the date, time, and location of the oral examination.			
Date:	Time:	Location:	
<i>Note: The student is responsible for confirming that the location has been booked for the examination prior to submitting this form, and for making advance arrangements for any multimedia or presentation equipment required.</i>			
COMMITTEE MEMBER INFORMATION			
Please list the Examination Committee members.			
	Name	Department/Organization	Signature
Chair			
Supervisor(s)			
Internal Member			
Internal Member			
Internal Member			
Optional Member			
APPROVAL SIGNATURES			
Student:		Date:	
Graduate Program Director:		Date:	