

Department of Mathematics and Statistics

Graduate Exam Request Form

Student Name _____ Semester Level _____

Type of exam Master's defense Qualifying exam Doctoral defense

Advisory Committee Examiners 1 _____

2 _____

Non-Advisory Committee Examiners 1 _____

2 _____

3 _____

External Examiner 1 _____

For doctoral defenses only.

2 _____

Preferred Date(s) and Time(s) 1 _____

DD/MM

hh:mm - hh:mm

2 _____

DD/MM

hh:mm - hh:mm

3 _____

DD/MM

hh:mm - hh:mm

Comments* _____

Notes:

1. Four weeks notice must be given for Master's defences and qualifying exams.
2. Eight weeks must be given for doctoral defences.
3. Examiners are either appointments or suggestions in accordance with the Graduate Calendar.

Signature _____

Advisor

Date _____

*This space may be used to suggest additional examiners or for other comments.