# Graduate Exam Request Form

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Semester Level</th>
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**Type of exam**

- Master's defense
- Qualifying exam
- Doctoral defense

**Advisory Committee Examiners**

1. 
2. 

**Non-Advisory Committee Examiners**

1. 
2. 
3. 

**External Examiner**

For doctoral defenses only.

1. 
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**

______________________________

**Date** ______________________

Advisor

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