Syracuse University - School of Education

Request for Examination

Please fill out and return this form to the Office of Academic and Student Services, 270 Huntington Hall

Author:_____SUID:_____ Phone_____

Address: _____ Email _____

Degree:_____ Program of Study:_____

Thesis/Dissertation Title:

_____

_____

The undersigned hereby recommended that the Graduate School approve the following committee to examine the candidate's thesis/dissertation and to conduct the final oral examination.

_____ _____

Advisor *(please print or type clearly)* Signature and Date

_____ _____

Academic unit chair *(please print or type clearly)* Signature and Date

We approve and recommend the following committee (with applicable campus/email addresses) to conduct the final oral examination:

_____ _____

Member *(please print or type clearly)* *Email Address*

_____ _____

Member *(please print or type clearly)* *Email Address*

_____ _____

Member (reader) *(please print or type clearly)* *Email Address*

_____ _____

Member (reader) *(please print or type clearly)* *Email Address*

_____ _____

Advisor *(please print or type clearly)* *Email Address*

_____ _____

Oral Examination Chair *(please print or type clearly)* *Email and Campus Address*

Examination Date: _____ **Time:** _____

Examination Place:_____