



GEOSCIENCES

THE UNIVERSITY OF TEXAS AT DALLAS

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REQUEST for FINAL ORAL EXAMINATION

This form must be submitted to the Geosciences Department Office two weeks prior to date of examination. It must be accompanied by a copy of the thesis.

THIS IS TO REPORT THAT THE SUPERVISORY COMMITTEE FOR

(Name of Master's Candidate)

has received the Master's thesis for the purpose of examination and now requests that the final oral examination be set for

(Month) (Day) (Year) (Time) (Place)

By his/her signature below, each member of the Supervisory Committee agrees that he/she considers the thesis abstract to be in satisfactory form for the purpose of final examination, that he/she agrees to proceed with the final examination, and will attend the examination on the date specified above.

COMMITTEE APPROVAL:

(Type or Print Name) (Signature Chairperson, Supervisory Committee)
(Type or Print Name) Signature
(Type or Print Name) Signature
(Type or Print Name) Signature

APPROVED:

Date Submitted:

Head, Geosciences Department

cc: Department Head
Supervisory Committee
Master's Candidate

Form F