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THIS FORM MUST BE TYPED

REQUEST FOR FINAL ORAL EXAMINATION

This form must be submitted online to <https://utd-etd.tdl.org/> and must be accompanied by a PDF of the dissertation two weeks prior to date of examination. See [Submission Guide](#) for more details.

DEPARTMENT: _____

THIS IS TO REPORT THAT THE SUPERVISING COMMITTEE FOR:

(Name of the Doctoral Candidate)

has received the doctoral dissertation for the purpose of examination and now requests that the final oral examination be set for:

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

DOCTORAL CANDIDATE'S UTD E-MAIL: _____

TITLE OF DISSERTATION: _____

By his/her signature below each member of the Supervisory Committee agrees that he/she considers the dissertation and dissertation abstract to be in satisfactory form for the purpose of final examination, that he/she is agreeable to proceeding with the final examination, and that he/she is willing to attend this examination on the date specified.

COMMITTEE APPROVALS:

_____ Supervising Professor (Print Name)	_____ Signature
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_____ Print Name	_____ Signature
_____	_____
_____	_____
_____	_____

NAME (ONE MEMBER OF COMMITTEE WILL BE PHYSICALLY ABSENT)

Check one if applicable:

WILL ATTEND VIA SKYPE OR PHONE ([Committee Member Remote](#) form required)

WILL BE ABSENT ([Committee Member Absent](#) form required)