

MEMORANDUM

DATE:

FROM:

TO: Graduate Dean

SUBJECT: DOCTORAL STUDENT'S FINAL ORAL EXAMINATION

STUDENT NAME: _____

PROGRAM: _____

GRADUATING SEMESTER: _____

I will not be able to attend _____ final oral examination
Student's Name

on _____ (date) at _____ (time) because

I will vote the same as the rest of the committee.

Committee Member Signature

Date

Committee Chair Signature

Date