

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