UNIVERSITY OF NORTHERN COLORADO GRADUATE SCHOOL REQUEST TO SCHEDULE A DOCTORAL EXAMINATION

Complete form digitally and Email to <u>Carol.Steward@unco.ed</u> at least 2 weeks prior to exam Once approved, exam is announced oJ Tc 0EMC 3, e-1.3 e and (OOL3 (d)10.7 (o)h-3 (d).9 (e)-)-1.9 (el(an)13(OR)

Student's name Student'sUNC enail			

TYPE OF EXAMINATION REQUESTED:

ORAL COMPREHENSIVE EXAMINATION

DEFENSE OF DISSERTATION

DEFENSE OF SCHOLARLY PROJECT

Defense requests mustype title of dissertation or scholarly projecDo NOT use acronyms or abbreviations in the title.

Exam Date_____ Exam Time:_____

Exam Location/Building & Room Numb<u>er</u> (Zoom links will not be included in the Calendar announcement.)

Committee Members -MUSTmatch the committee and roles listed in your committee appointment letternergency substitutions must be appointed to the committee PRIOR to the start of the examination.

Research Advisor/GResearch Advisor

CoResearch Advisor or 2nd Committee Member

Committee Membes_____

Faculty Representative

Research AdvisoAdobe Verified Signature of required