

**NON-THESIS FINAL EXAMINATION SCHEDULING FORM**

Student's Name \_\_\_\_\_

Candidate for:

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> M.A. _____<br>(major)      | <input type="checkbox"/> M.Arch.                     | <input type="checkbox"/> M.I.T.  |
| <input type="checkbox"/> M.S. _____<br>(major)      | <input type="checkbox"/> M.B.A.                      | <input type="checkbox"/> M.Nurs. |
| <input type="checkbox"/> M.A.T. in _____<br>(major) | <input type="checkbox"/> E.D.M. (ballot meeting)     | <input type="checkbox"/> M.P.A.  |
| <input type="checkbox"/> M.Acc.                     | <input type="checkbox"/> M.Eng.Mgt. (ballot meeting) | <input type="checkbox"/> M.R.P.  |
|   | <input type="checkbox"/> M.H.P.A.                    | <input type="checkbox"/> M.T.M.  |

The Advisory Committee is responsible for insuring that the student has completed or is enrolled in all requirements for the Master's degree identified above.

Completion of this form by the Advisory Committee indicates that the (a) student's project is appropriate in format and content, or (b) student has the necessary preparation for the final examination, and that the student is enrolled in the required number of 702 credits.

**Verification that the graduate student has received approval for use of human subjects or animals in research is required before scheduling the final oral examination. Please attach a photocopy of approval.**

Please return this form to the Graduate School at the earliest possible date, but not later than 10 working days prior to the desired examination date.

ADVISORY COMMITTEE	SIGNATURES	DATE
_____, Chair	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____ (Chair Major Dept.)	_____	_____

This exam will be held via: **Single Campus** \_\_\_\_\_, **WHETS** \_\_\_\_\_, **Video Conference** \_\_\_\_\_, **Other** \_\_\_\_\_  
 ("Other" requires approval by the Graduate School)

The above individuals approve the following place, date and time of examination:

\_\_\_\_\_ (Building and Room Number)

\_\_\_\_\_ (Date and Time)