Please check with your Supervising Professor to make sure that your reserved room is acceptable before submitting this form

## THIS FORM MUST BE TYPED

## **REQUEST FOR FINAL ORAL EXAMINATION**

This form must be submitted online to UTD ETD Administrator and must be accompanied by a PDF of the dissertation at least **two weeks** prior to the date of examination. See Submission Guide for more details.

<u> </u>		
PROGRAM:		
THIS IS TO REPORT THAT THE SUPERVISING COMMITTEE FOR:		
NAME OF DOCTORAL CANDII	DATE	
has received the doctoral disse	ertation for the purpose	of examination and now requests that the final oral examination be set for:
DATE	TIME	DOCTORAL CANDIDATE'S UTD E-MAIL:
ROOM # / VIDEO CONFERENCE URL:		
TITLE OF DISSERTATION:		
	atisfactory for the purpo	rvisory Committee agrees that they consider the dissertation and ose of final examination, that they are agreeable to proceed with the final ion on the date specified.
Print Name		Signature
Supervising Professor		
Chair of the Examining Committee: I will attend this examination on the date specified.		
Complete the following if one member of the committee will be physically absent:		
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