

REQUEST FOR FINAL ORAL EXAMINATION
(Form must be on pink paper; it will not be accepted otherwise.)

Submit this typed request to the Graduate School, MAI 101, at least two weeks before the date of the examination. Include **one copy each of the dissertation abstract, the vita, title page, and Committee Certification of Approved Version** (unsigned) for a format check. Refer to the format booklet for correct form. This form **must be typed or word-processed.**

Name of Doctoral Candidate Student's UT EID

Student's Current Mailing Address Daytime Phone Number

This is to request that a final oral examination for the dissertation and the program of the candidate named above be set for

Month	Day	Year	Time	Location
-------	-----	------	------	----------

By signing below, I authorize the University of Texas at Austin to publish my name, major, dissertation title, committee chair, and the date, time, and location of my final oral examination. I understand that in the absence of my signature, this information will not be published in the Graduate School's Schedule of Final Oral Examinations.

Signature of Doctoral Candidate Date

By signing below, each member of the dissertation committee acknowledges receipt of a doctoral dissertation AND agrees to attend the final oral examination. At least four committee members, including the supervisor, must be physically present at the defense. (See back of this form for instructions regarding members who cannot attend.) If a committee member is planning to attend but is unavailable to sign this form, either the supervisor or the graduate adviser may sign by proxy in his/her place indicating that the member has agreed to attend on the date indicated on this form.

Supervisor's Signature	Date	Typed Name	Graduate Department/Program
------------------------	------	------------	-----------------------------

Member's Signature	Date	Typed Name	Graduate Department/Program
--------------------	------	------------	-----------------------------

Member's Signature	Date	Typed Name	Graduate Department/Program
--------------------	------	------------	-----------------------------

Member's Signature	Date	Typed Name	Graduate Department/Program
--------------------	------	------------	-----------------------------

Member's Signature	Date	Typed Name	Graduate Department/Program
--------------------	------	------------	-----------------------------

Member's Signature	Date	Typed Name	Graduate Department/Program
--------------------	------	------------	-----------------------------

APPROVED BY DEPARTMENT/PROGRAM GRADUATE ADVISER _____

Signature Date

REQUEST FOR FINAL ORAL EXAMINATION
Side Two

Instructions to Committee Member(s) who cannot attend:

If a member of a dissertation committee will not be attending the defense, he/she must sign the following note, **or** the committee supervisor, or the graduate adviser may sign the note for the member. Any signature by the member, the supervisor, or the graduate adviser constitutes agreement to the note.

_____ will be unable to attend the defense on the date shown, but agrees to read and sign the dissertation on approval.

Signature of Committee Member **or** Date
Supervisor **or** Graduate Adviser

_____ will be unable to attend the defense on the date shown, but agrees to read and sign the dissertation on approval.

Signature of Committee Member **or** Date
Supervisor **or** Graduate Adviser