

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

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, title page, and Signature Page** (unsigned) for a format check. Refer to the format booklet for correct form. This form **must be typed or word-processed.**

Your name (as it appears in Registrar's Office)
 Name of Doctoral Candidate _____ Student's UT EID _____

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 (building & room #)
-------	-----	------	------	------------------------------

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 I understand that in the absence of my signature, this information will not be published in the Graduate School's Schedule of Final Oral Examinations.

(needed for publication of your final oral date and dissertation title)
 Signature of Doctoral Candidate _____ Date _____

By signing below, each member of the dissertation committee acknowledges receipt of a doctoral dissertation AND agrees to attend, either physically or virtually, the final oral examination. At most, one non-supervising committee member may be absent from the defense. (See back of this form for *instructions regarding a member 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.
(In Educational Psychology, only the dissertation supervisor can sign for an unavailable member)

<u>see note, below</u>	Date	as it appears in UT directory	Graduate Department/Program
Supervisor's Signature		Typed Name	

<input type="checkbox"/> Co-Supervisor	<input type="checkbox"/> Member's Signature	Date	Typed Name	Graduate Department/Program
				Educational Psychology (not area)

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 _____

note: The Grad School will send the gold form to your primary (EDP) supervisor, so that person **must be listed on the first line.**

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.

(In Educational Psychology, only the dissertation supervisor can sign for an unavailable member)

_____ 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** Supervisor **or** Graduate Adviser Date