

MEMORANDUM

DATE: _____

FROM: _____

TO: Dean of Graduate Education

SUBJECT: DOCTORAL STUDENT'S FINAL ORAL EXAMINATION

STUDENT NAME: _____

PROGRAM: _____ GRADUATING SEMESTER: _____

***Please select one option below:**

Option 1: I, _____ (name of committee member),

will not be able to attend the above student's Final Oral Examination on _____ (date)

at _____ (time) because

_____.

I will vote the same as the rest of the Committee.

OR

Option 2: I, _____ (name of committee member),

request approval to participate in the above student's Final Oral Examination on _____ (date)

at _____ (time) via

_____ because

_____.

Committee Member Signature _____ Date _____

Committee Chair Signature _____ Date _____

*** Both options are subject to approval by the Graduate Dean.**