



Graduate Student Service Center
534 Goodell Building
University of Massachusetts Amherst
Amherst MA 01003-9333

Scheduling of the Final Doctoral Oral Examination

DEADLINE FOR SUBMISSION: At least four weeks prior to the defense.

I recommend that a final doctoral oral examination for the doctoral candidate below be scheduled:

Student name: _____ SPIRE ID number: _____

Department: _____ Degree (PhD or EdD): _____

Day of Week: _____

Date and Time: _____

Place (room number and Building): _____

Academic Program: _____

Committee Chairperson: _____

Title of Dissertation: _____

The student's dissertation has been received and examined by all members of the dissertation committee and their approval has been given to conduct this examination

Signature (GPD or Department Head): _____ Date: _____

Name typed or printed: _____