## UNIVERSITY OF NORTHERN COLORADO GRADUATE SCHOOL REQUEST TO SCHEDULE A DOCTORAL EXAMINATION

Complete form digitally and Email to <u>Carol.Steward@unco.ed</u> at least 2 weeks prior to exam Once approved, exam is announced on the Graduate School Calendar. Results form will be emailed to committee.

Student's name			Bear ID (last 4 digits)		
Student'sUNC enail			Preferred Pronouns		
Exam will take place	On Campus	Virtual	ProgMCID 10w 0 x x x	Committee must match the committee of scheduling the exam or it must be rescheded. GPA of at least 3.0	
TYPE OF EXAMINATI	ON REQUESTED:				
ORAL (	COMPREHENSIVE	EXAMINATION	١		
DEFEN	SE OF DISSERTA	TION			
DEFEN	SE OF SCHOLARI	_Y PROJECT			
Defense requests mustitle.	type title of disserta	ation or scholarl	y projec <b>D</b> o NOT use	e acronyms or abbreviations in the	
Exam Date	Exam T	- ime <u>:</u>			
Exam Location/Building (Zoom links will not be			ement.)		
Committee Members - substitutions must be a			-	nmittee appointment let <b>len</b> ergency xamination.	
Research Advisor/C&esear	ch Adviso <u>r</u>				
CoResearch Advisor or 2nd					
Committee Membes					
Faculty Representative					
Research AdvisoA.(lobe Veri	fied Signature of require <u>d</u>				