

North Carolina State University
The Graduate School

REQUEST TO SCHEDULE MASTER'S ORAL EXAMINATION

THIS FORM MUST BE SUBMITTED AT LEAST 15 BUSINESS DAYS
PRIOR TO THE DATE OF THE EXAM***

To: Dean of the Graduate School

From: Director of Graduate Program, Electrical and Computer Engineering

Student Information:

Name: _____ ID Number: _____

Degree Objective: _____ Major: _____

Date: _____ Time: _____ Place: _____

Please check one: thesis non-thesis

I verify that (please check items below):

The following committee has been approved by the department/program: *(signatures not required)*

The above committee and the Plan of Work have been submitted to SIS by the department or program and have been approved.

One or more of the committee or the student will be located remotely. Yes No (If yes, please attach supplemental form "Request to Conduct Master's Remote Oral Exam").

Director of Graduate Program Signature/Date _____

Graduate School Approval/Date: _____