

GRADUATE SCHOOL OF EDUCATION

REQUEST FOR CHANGES TO:

ORAL QUALIFYING COMMITTEE NOMINATION AND SCHEDULING FORM

Changes to committee membership must be returned to Monica Lolley a minimum of three (3) weeks prior to orals taking place. Dates cannot be moved up unless committee has already been approved. In the event of a true emergency, contact Monica Lolley immediately to see if the exam will need to be rescheduled.

Name: _____ Advisor: _____

_____ **Request for Change in Committee Membership (additions or replacements)**

Previously approved committee:	New committee membership:
Chair: _____	Chair: _____
Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	Member: _____

Reason for change _____

_____ **Request to have a committee member substituted for oral exam only, not to replace on committee. The member not attending and Chair must have approved substitution.**

Member who cannot attend _____ Substitute _____

Reason _____

_____ **Request for Date/time Change** (if committee membership is changing, must be at least 3 weeks away; if committee has been approved, date change subject to room availability)

Previously scheduled date: _____

Suggested New dates/time: 1st choice _____ 2nd choice _____

Reason for date/time change _____

_____ **Request for AV equipment change/addition** _____ (Need 3 day notice)

Dissertation Chair Signature

Date

GRADUATE DEGREE OFFICE USE ONLY

Exam Scheduled on: _____ Room: _____ AV Equip. Change _____

Form 2 to Graduate Division: _____ Approval Date _____

Form 3 to Graduate Division: _____ Diss. Chair nominated _____ Members _____ 9/20/02