The ____

APPROVAL TO SCHEDULE FINAL EXAMINATION: MASTER'S

Graduate School	Name: K-State eID:			Examination to be taken: Oral Exam Written Exam
	Student Number (WID):			Date:
Kansas State University	Degree Program:			Time:
		AG AI AR AS	BA ED EN HE TC VM	Place:
examinations and g	graduation is available on the east two weeks in advance o	ne Graduate School website f the examination to 119 Eise	named above is approved to take a final examine at http://www.k-state.edu/grad/students/gradu. Inhower Hall when the date, time, and place of the abstract and thesis/report title page).	<u>iation/</u> .
Major Advisor (print name)		K-State Email	Signature	 Date
Supervisory Committee Member (print name)		K-State Email	Signature	Date
Supervisory Committee Member (print name)		K-State Email	Signature	Date
Supervisory Committee Member (print name)		K-State Email	Signature	Date
Supervisory Committee Member (print name)		K-State Email	Signature	Date
Dept Head / Grad Program Director (print name)		K-State Email	Signature	Date

Upon receipt of the "Approval to Schedule Final Examination" form, your records will be checked to see if all requirements have been met so that you may receive your degree this semester. The Graduate School will send a message to your email address either that your materials are in order or that you have specific problems that must be resolved prior to graduation. If you do not have access to email, please indicate a postal address for sending a letter.