



**Kansas State
University**

APPROVAL TO SCHEDULE FINAL EXAMINATION: DOCTORAL

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|------------------------|
| Name: |
| K-State eID: |
| Student Number: |

| |
|---------------------------------|
| Examination to be taken: |
| Date: |
| Time: |
| Place: |

Dissertation Title: _____

A committee member's signature on this form indicates that the student named above is approved to take a final examination. Information regarding final examinations and graduation is available on the Graduate School website at <http://www.k-state.edu/grad/gscurrent/guideforms/index.htm>.

Return this form at least two weeks in advance of the examination to 103 Fairchild Hall with a copy of the Abstract and Abstract Title Page when the date, time, and place of the final examination have been approved by all committee members.

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|---------------------------------------|---------------|-----------|------|
| Major Advisor (Typed) | K-State Email | Signature | Date |
| Supervisory Committee Member (Typed) | K-State Email | Signature | Date |
| Supervisory Committee Member (Typed) | K-State Email | Signature | Date |
| Supervisory Committee Member (Typed) | K-State Email | Signature | Date |
| Supervisory Committee Member (Typed) | K-State Email | Signature | Date |
| Outside Chairperson (Typed) | K-State Email | Signature | Date |
| Head of Dept/Program Director (Typed) | 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.**

Department address:

Local / Home Address:
