



APPROVAL TO SCHEDULE FINAL EXAMINATION: DOCTORAL

<p>Name: _____</p> <p>K-State eID: _____</p> <p>Student Number (WID): _____</p> <p>Degree Program: _____</p> <p>College: <input type="checkbox"/> AG <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> ED <input type="checkbox"/> EN <input type="checkbox"/> HE <input type="checkbox"/> TC <input type="checkbox"/> VM</p>	<p>Examination to be taken:</p> <p>Date: _____</p> <p>Time: _____</p> <p>Place: _____</p>
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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/students/graduation/>.

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.

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
Outside Chairperson (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.**