



UNIVERSITY OF WASHINGTON
 The Graduate School
 G-1 Communications
 Box 353770
 Seattle, Washington 98195-3770

REQUEST FOR FINAL EXAMINATION
Please Type

Date: _____ Department: _____

Reading Committee members have read an entire draft of the doctoral dissertation written by:

Student Name: _____ Student Number: _____

Entitled: _____

The exam is scheduled for:

Time: _____

Day: _____

Date: _____

Location: _____

Will the exam include audio/video conferencing?

Yes No

Who will participate via audio/video conference?

Student: N/A Member(s) N/A

If the student will participate via audio/video conference, a proctor letter must be attached to this request form.

Place asterisk (*) next to name of member(s) listed below who will participate via audio/video conference.

All members of the supervisory committee must sign this form; however, the exam may be scheduled with the minimum number of members specified in Graduate School Memorandum No. 13. (E-mails and faxed signatures are acceptable if attached to this form. E-mails must verify the time, date and location of the exam or will not be considered a valid confirmation.)

Supervisory Committee Names (Typed)

Signatures

 (Chair)

 (Graduate School Representative)

This form must be submitted to the Graduate School at least 3 weeks before the date of the Final Exam.