



## FINAL EXAM REQUEST FORM PhD in Music Education

STUDENT'S NAME \_\_\_\_\_ UIN \_\_\_\_\_

FINAL EXAM DATE \_\_\_\_\_ TIME OF ORAL EXAM \_\_\_\_\_

**REQUIRED FACULTY SIGNATURES:**

**All Committee Members:** Please verify with your signature your willingness and availability to serve on the Final Exam Committee at the time designated above.

**Chair:** With your signature, you verify your willingness to serve as Final Exam Committee Chair, and that the student has met all requirements needed to schedule his/her Final Exam.

\_\_\_\_\_  
COMMITTEE CHAIR'S NAME AND SIGNATURE

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RESEARCH DIRECTOR'S NAME AND SIGNATURE

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COMMITTEE MEMBER'S NAME AND SIGNATURE

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COMMITTEE MEMBER'S NAME AND SIGNATURE

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COMMITTEE MEMBER'S NAME AND SIGNATURE

**Reminder:** The committee must have a minimum of four members, two of whom must be tenured faculty members. The oral examination may occur no sooner than three weeks after this completed document has been submitted to the Academic Affairs Office. The Final Exam must be held during normal business hours; no weekend exams permitted.