

**THE GRADUATE SCHOOL
THE UNIVERSITY OF TEXAS AT ARLINGTON
REQUEST FOR SCHEDULING OF THE FINAL MASTER'S EXAMINATION**

This is to request that an oral thesis examination for

_____ (name) _____ (UT Arlington ID)

a candidate for the master's degree in _____ be scheduled for
(program)

_____ at _____ in _____
(month) (day) (year) (time) (building) (room)

Name (typed)

Signature

Date (mm/dd/yy)

Committee Chairman

Committee Member

Committee Member

Committee Member

Graduate Advisor

Return this form to MAE Graduate Advising, Woolf Hall room 206