



THE UNIVERSITY OF TEXAS AT DALLAS

Geosciences

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REQUEST for FINAL ORAL EXAMINATION

This form must be submitted to the Geosciences Department Office two weeks prior to date of examination. It must be accompanied by a copy of the thesis.

THIS IS TO REPORT THAT THE SUPERVISORY COMMITTEE FOR

\_\_\_\_\_  
(Name of Master's Candidate)

has received the Master's thesis for the purpose of examination and now requests that the final oral examination be set for

\_\_\_\_\_  
(Month) (Day) (Year) (Time) (Place)

By his/her signature below, each member of the Supervisory Committee agrees that he/she considers the thesis to be in satisfactory form for the purpose of final examination, that he/she agrees to proceed with the final examination, and will attend the examination on the date specified above.

COMMITTEE APPROVAL:

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature Chairperson, Supervisory Committee)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
Signature

APPROVED:

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Head, Geosciences Department

cc: Department Head  
Supervisory Committee  
Master's Candidate