



YOU MUST CHOOSE ONE:

 **1st attempt- DUE at GS: Minimum of 10 working days before exam;
15 days if a Graduate Mentor is requested.**

 2nd attempt-Due at GS: Minimum of 15 working days before exam.

Non-Thesis Final Examination Scheduling Form ID# _____

Student Name: _____ **Student Signature & Date:** _____

Candidate for:

M.A. _____	Ed.M. (ballot mtg) _____	M.I.T. _____
M.S. _____	M.E.T.M. (ballot mtg) _____	M.Nurs. _____
P.S.M. in _____	M.H.P.A. _____	M.Acc. _____
	M.Arch. _____	M.P.A. _____

The advisory committee is responsible for ensuring that the student has completed or is completing [this semester] all requirements for the master’s degree identified above. The “Application for Degree” must be submitted for the semester in which you plan to graduate, must be on file in the Graduate School, and the graduation fee paid, before the final examination can be scheduled. If you do not defend, you must re-submit an Application for Degree for the semester in which you do take your final exam. Planning ahead is required.

Completion of this form by the Advisory Committee indicates: (1) the student’s project is appropriate in format and content, (2) the student has the necessary preparation for the final examination, and (3) the student is enrolled in the required number of 702 credits (minimum of 2 credits). Student: Remember to indicate Co-Chairs (if your committee has co-chairs)

Please return this form to the Graduate School at the earliest possible date, but **NO later than 10 working days prior** to the desired examination date. **By their signature, the undersigned individuals approve the following place, date and time of examination and agree to attend this examination.**

Advisory Committee (type/print names)	Signatures	Date
_____ Chair	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS EXAM will be held via: Single Campus AMS ****Other Technology/Locations – explain on next line**

****Other:** _____
 (“Other” requires explanation & then approval by the Graduate School)

_____ (Campus, Building and Room Number)

_____ (Date and Time)

***BALLOT MEETING: If written examination/project submittal only, the discussion and Ballot Meeting will be held at:**

_____ (Date)

_____ (Time)

_____ (Campus, Building and Room Number)

Name of Department Chair/Authorized Signatory

Signature of Dept. Chair/Auth. Signatory

Date-Auth. Sig.

*Note: Student does not attend the Ballot Meeting