

# UNIVERSITY OF NORTHERN COLORADO GRADUATE SCHOOL REQUEST TO SCHEDULE A DOCTORAL EXAMINATION

Complete form digitally and Email to [Carol.Steward@unco.edu](mailto:Carol.Steward@unco.edu) at least 2 weeks prior to exam.

Once approved, exam is announced on the Graduate School Calendar. Results form will be emailed to committee.

Student's name \_\_\_\_\_ Bear ID (last 4 digits) \_\_\_\_\_

Student's UNC email \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Exam will take place:      On Campus      Virtual      Program/Major \_\_\_\_\_

Turn in form to the Graduate School at least **2 weeks prior to the Exam/Defense**. Exceptions to this rule must be accompanied by an explanation of the late request from the Research Advisor and will be considered on a case-by-case basis. *No exam/defense will be allowed with less than one-week prior notice.*

**Graduate School will verify you have met these requirements before approving scheduling of the exam:**

- Results of Written Comps filed with the Graduate School indicating that the student passed the written comps.
- Plan of Study must be on file with the Graduate School.
- Committee must match the committee on record in the Graduate School records. Changes to the committee must be made prior to scheduling the exam or it must be rescheduled.
- GPA of at least 3.0
- Must be enrolled in 1.0 credit hour – if not, continuous registration fee will be billed to your UNC account

## TYPE OF EXAMINATION REQUESTED:

ORAL COMPREHENSIVE EXAMINATION

DEFENSE OF DISSERTATION

DEFENSE OF SCHOLARLY PROJECT

**Defense requests must Type title of dissertation or scholarly project. Do NOT use acronyms or abbreviations in the title.**

Exam Date: \_\_\_\_\_ Exam Time: \_\_\_\_\_

Exam Location/Building & Room Number: \_\_\_\_\_

(Zoom links will not be included in the Calendar announcement.)

**Committee Members – MUST** match the committee and roles listed in your committee appointment letter. Emergency substitutions must be appointed to the committee PRIOR to the start of the examination.

Research Advisor/Co-Research Advisor \_\_\_\_\_

Co-Research Advisor or 2nd Committee Member \_\_\_\_\_

Committee Members \_\_\_\_\_

\_\_\_\_\_

Faculty Representative \_\_\_\_\_

Research Advisor (Adobe Verified Signature of required) \_\_\_\_\_