

**UNIVERSITY OF ROCHESTER
ARTS, SCIENCES AND ENGINEERING**

EXAMINATION APPOINTMENT FORM FOR THE MASTER'S FINAL, DOCTOR OF PHILOSOPHY QUALIFIER

_____ SCHOOL OF ARTS AND SCIENCES _____ HAJIM SCHOOL OF ENGINEERING & APPLIED SCIENCES

NAME OF CANDIDATE

UR ID NUMBER

DEPARTMENT/PROGRAM

DEGREE REQUIREMENT FOR
THE FOLLOWING DEGREE(S)
(Check all that apply)

_____ Ph.D. _____ M.A. _____ M.S.

EXAMINATION TO BE GIVEN:
(Check all that apply)

MASTER'S FINAL:

PLAN A _____

PLAN B ORAL WRITTEN ESSAY
(check one)

Ph.D. QUALIFIER: _____

EXAMINATION DATE: _____ TIME: _____ LOCATION: _____

The following members of the Department are recommended to serve on the examining committee for the above candidate:

Student's Advisor/Research Supervisor

The following person from outside the Department will serve on the examining committee:

Name: _____ Department/Program: _____

FOR PLAN A MASTER'S FINAL EXAM ONLY: With the exception of the final examination, the candidate has completed all specific departmental requirements for the M.A. M.S. (check one) degree.

THESIS TITLE: _____
(original copy is herewith submitted)

Research Supervisor (sign): _____ *Date:* _____

Department Chair (sign): _____ *Date:* _____

Dean of Graduate Studies (sign): _____ *Date:* _____

Dean's Office Use

Plan A Thesis Registered on _____

DISTRIBUTION: _____ GSO _____ DEPARTMENT

EXAM