# Appointment for the Master’s Final Oral Exam

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| --- | --- | --- | --- |
| Student Name: | Enter text. | URID: | Enter text. |
|  | | | |
| Program: | Choose an item. | | |

Examination Dates:

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| --- | --- | --- | --- | --- | --- |
| Open Seminar Date: | MM/DD/YYYY | Time: | Text | Location: | Enter text. |
|  | | | | | |
| Closed Exam Date: | MM/DD/YYYY | Time: | Text | Location: | Enter text. |

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| --- | --- | --- | --- |
| **Role** | **Name** | **Title** | **Committee Affiliation** |
| Dissertation Advisor | Enter text. | Choose an item. | Choose an item. |
| Co-Advisor | Enter text. | Choose an item. | Choose an item. |
| Committee Member | Enter text. | Choose an item. | Choose an item. |
| Committee Member | Enter text. | Choose an item. | Choose an item. |
| Committee Member | Enter text. | Choose an item. | Choose an item. |
| Committee Member | Enter text. | Choose an item. | Choose an item. |
| Guest Member | Enter text. | Choose an item. | Choose an item. |

*NOTES: 1. Use an \* with the name to indicate a faculty member participating in the exam only (not a formal member of the committee).*

*2. Non-UR faculty (guest member) must be approved by the Senior Associate Dean prior to submission of this form.*

**Chair Selection**  
The Graduate Program Director selects one of the listed Committee Members as Chair for the Final Oral Exam. The Dissertation Advisor may not serve as Chair. If the student is the Graduate Program Director’s advisee, the Graduate Program Director must ask a neutral third party to select the Chair.

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| --- | --- |
| Chair Name: | Enter text. |

Graduate Program Director Signature Date

**Submit to** [**registrar@rochester.edu**](mailto:registrar@rochester.edu)