

MASTER'S ORAL EXAM REQUEST FORM

This form must be received by the Master's Candidacy Advisor at least two weeks prior to the examination.

Student's Name: _____

SLU ID#: _____ Phone #: _____ -- _____

Email: _____

Major Field: _____ Date of Exam: _____

Exam Chairperson: _____

Committee Members: _____

Preliminary written exam passing date: _____

Major Field Director/Chairperson: _____

Do not write below this line. Your program/school's Dean/Director or Chairperson will sign and email this form to: masterscandidacyspecialist@slu.edu

Dean/Director: _____

PRINT

SIGN

DATE