

**LOUISIANA STATE UNIVERSITY
GRADUATE SCHOOL**

REQUEST FOR DOCTORAL GENERAL OR FINAL EXAMINATION

(To be submitted to Graduate School 3 weeks prior to date of examination
and by current semester deadline for graduates)

Date _____

The Department/School of _____ requests that the
_____ examination of _____, _____ (LSUID#)
for the _____ degree be scheduled on _____ (day of week), _____ (date),
at _____ a.m./p.m. in room _____, _____ Building.

If General Examination, state the date of submission of Program of Study: _____

If Final Examination, state the date of the General Examination: _____

Has this examination been scheduled previously? _____ Yes _____ No

MAJOR: _____ MINOR: _____

SUGGESTED COMMITTEE
(typed names)

NOTE: Doctoral committees must include at least two full members of the graduate faculty, one from the major department. If this is a final exam, include the Dean's Representative (DR) from the General Exam in scheduling the above date and time. If you are including a member of the Southern University graduate faculty, indicate this with (SU) after the name.

_____ Chair _____
_____ Minor Professor _____
_____ _____

If General Examination, state area of research (be as specific as possible): _____

If Final Examination, state title of dissertation: _____

Committee Chair (to be signed)

Chair or Head of Department (to be signed)

APPROVED:

Dean, Graduate School

(Please submit 2 typed originals to Graduate School and one copy to each committee member.)

(revised 3/12/07)