

REQUEST FOR FINAL DOCTORAL EXAMINATION

(One typed original must be submitted to the Graduate School **three weeks prior** to examination date and by current semester deadline for graduation.)

Student Information

Name: LSU ID: Department/School: Major: Minor: Exam Date: Time & Place: Has this Exam been Previously Scheduled?	For Office Use Only GPA: CW: TIME: REG: COM:
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Suggested Committee

Note: Doctoral committees must include at least one full member of the graduate faculty from the major department. **All general exams will be assigned a dean's representative.** If you are including a member of Southern University's graduate faculty, indicate it with a (SU) after their name.

Typed/Printed Names

Chair: _____	Minor Prof: _____
Dean Rep: _____	Member: _____
Member: _____	Member: _____

Signatures

Committee Chair: _____

Chair, Head of Department, or Grad Advisor: _____

Graduate Dean: _____

Title of Dissertation
