SLCL Graduate Student Services
3070 FLB
slclgradservices@illinois.edu
217-244-5783

MA Request to Schedule Exam

*IMPORTANT! Please do not try to edit this form with Apple's "Preview" application as it will create problems with the fillable fields. Use Adobe Reader instead. You can **download it for free here**.*

STUDENT:

This is a fillable, savable form that you will use to schedule

1. Written MA exams (WMAEs)
2. Oral MA exams (if applicable)
3. MA thesis defense (if applicable)

Please fill in all of the relevant information in the form below in consultation with your advisor or DGS. If you're not sure what to put in a field or if a field doesn't apply to you, please leave it blank. The DGS in your department must sign this form; student Services can't accept the form without the DGS's signature.

Once the form is submitted to SLCL Student Services, we will schedule your exam(s) and reserve a room for you if necessary. If you request a Skype setup, we will contact your Skype attendee(s) with further information. When all of this is done, we will send you a confirmation email with the details.

DGS:

If you approve of the student's request, please sign the field at the bottom of the form and send it to slclgradservices@illinois.edu. We will accept the form electronically if it comes from your email address, or we will accept hardcopies with a wet signature.

N.B. – This form serves as confirmation that you are aware of, and approve, the student's exam request.

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Name _____ UIN _____

Department _____ Email _____

Program _____ Advisor _____

MA

(required field)

Room:_____

Date / Time	**Topic**	**Examiner / Grader**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MA Oral Exam

Room: _____

Date / Time **Subject**

MA Thesis Defense

Thesis Title (please use ALL CAPS)

Room: _____

Date / Time

	Committee Members	**Dept.**	**Grad Faculty? (Y/N)**	**Tenured? (Y/N)**
Chair	_____	_____	_____	_____
Director	_____	_____	_____	_____
Co-director	_____	_____	_____	_____
Member	_____	_____	_____	_____
Member	_____	_____	_____	_____
Member	_____	_____	_____	_____
Member	_____	_____	_____	_____

Equipment Requested

☐ **Projector** ☐ **Skype (computer provided by Graduate Student Services)** ☐ **Teleconference (phone)**

Committee Member(s)	**Email**	**Skype name**	**Phone**
_____	_____	_____	_____
_____	_____	_____	_____

** Required Signature**

Director of Graduate Studies (DGS) _____