

Design Graduate Program Preliminary Written Exam Scheduling Request Form

Preliminary Written Examinations are scheduled Fall and Spring Semesters. Exceptions to this policy may be made with the approval of the adviser and examining committee. Exam will not be scheduled without the approval of the committee.

Student ID _____

Name _____

Address _____

Email _____

Requested Examination Dates

<p><input type="checkbox"/> Closed Book Option</p> <p>Dates: _____</p> <p>_____</p> <p>A room will be arranged for you. No personal computers or other laptops may be used for this exam. No other devices with internet access are permitted. If a scheduling conflict exists, you will be contacted with options.</p>	<p><input type="checkbox"/> Open Book Option</p> <p>Dates: _____</p> <p>_____</p>
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Names and signatures of committee members

Request approved by adviser:

<i>(signature of adviser)</i>	<i>(date)</i>

Once signed, submit document to Graduate Program Coordinator.