

MASTER'S EXAM DEFENSE REQUEST FORM

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

Please check which exam you will take:

Oral Exam
 Comprehensive Exam
 Other: _____

Student Name: _____

Email: _____ **SLU ID:** _____

Major Field: _____ **Date of Exam:** _____

Exam Chairperson: _____

Committee Members: _____

Preliminary written exam passing date (if applicable): _____

Major Field Director/Chairperson: _____

Do not write below this line. Your program/school's Dean/Director or Chairperson's signature is required. Please send the completed form to:
masterscandidacyspecialist@slu.edu



Dean/Director: _____

PRINT

SIGN