GENERAL EXAMINATION

SCHEDULE FORM

Student Name: _____________________________________________________

Date: ________________________________________

Location:   ____________________________________

Title Paper 1: _____________________________________

_______________________________________________________

_______________________________________________________

Title Paper 2: ______________________________________________________

___________________________________________________

_______________________________________________________

COMMITTEE MEMBERS

Please sign below to indicate you availability during the scheduled date and time.

Advisor: ________________________Print:  _____________________  Date:  ____________
Signature                                                  Name

Member 1: ________________________Print:  ____________________  Date:  ____________
Signature                                                    Name

Member 2: ________________________Print:  ____________________  Date:  ____________
Signature                                                    Name

Member 3: ________________________Print:  ____________________  Date:  ____________
Signature                                                    Name

Member 4: ________________________Print:  ____________________  Date:  ____________
Signature                                                    Name

Member 5: ________________________Print:  ____________________  Date:  ____________
Signature                                                    Name

Student:    Return signed form to the EAPS Education Office,  54-912.