



Faculty Agreement Form Date and Time of Final Oral Examination

I will be in attendance: _____ In person or _____ By distance (phone/Skype) at the Final Oral Examination for:

_____ Name of Student _____ Degree _____ Graduate Program

_____ Date _____ Time _____ Place

Typed Names and Signatures of Advisory Committee

Name	Signature	Date	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
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