



Faculty Agreement Form Date and Time of Final Oral Examination

General Student Information

Name of Student: _____ Banner ID: _____

Graduate Program Degree

Date Time Location

Authorized Signatures (Advisory Committee)

I will be in attendance for the Final Oral Examination for the student listed above on the designated day and time. I have provided a phone number to reach me on the day of the event, if needed. In addition, I have indicated below my intention to attend in-person or virtually.

Advisory Committee Member	Signature	Date	Phone Ext	In Person Virtual
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