



FORM F1
Final Oral Exam
Schedule Request

6100 Center Dr.
Los Angeles, CA 90045
310-568-5600

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CWID: \_\_\_\_\_

Program: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

350-word abstract has been approved by Chair

Location of Oral Exam: \_\_\_\_\_

Preferred Date and Time: 1. Date: \_\_\_\_\_ Time: \_\_\_\_\_
2. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Table with 4 columns: Name (First/Last), Signature, Date. Rows for Chair and 3 Committee Members.

Note: This form must be accompanied with the following:
1) 1 hard (or electronic) copy of Form F2: Information Needed for Final Oral Examination Announcement
2) 1 hard (or electronic) copy of the 350-word abstract (also e-mail a copy of the 350-word abstract and abbreviated Curriculum Vitae to your Associate Program Director)
3) 1 hard (or electronic) copy of your IRB approval letter
4) 1 hard copy of the dissertation manuscript

Note: Student is responsible for providing one (1) copy of the final manuscript for each committee member.

For Office Use Only:
Scheduled for: \_\_\_\_\_
Date Time Location
Committee
Notified on: \_\_\_\_\_
Date by