



FORM P2
Preliminary Oral Exam
Schedule Request

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

Name: _____ Date: _____

CWID: _____

Program: _____

Title of Proposal: _____

Location of Oral Exam: _____

Preferred Date and Time: 1. Date: _____ Time: _____
2. Date: _____ Time: _____

Chair: _____

First Name Last Name Chair Signature Date

Committee Members: _____

First Name Last Name Member Signature Date

First Name Last Name Member Signature Date

First Name Last Name Member Signature Date

Note: This form must be accompanied with the following:
1) One (1) hard copy (or electronic copy) of *Form P1: Proposed Study Description*
2) One (1) hard copy of the dissertation proposal

Note: Student is responsible for providing one (1) copy of the dissertation proposal for each committee member

For Office Use Only:
Scheduled for: _____
Date Time In Room #
Committee
Notified on: _____
Date by