

**MASTER'S ORAL EXAMINATION FORM**

**This form must be received by the Master Candidacy Advisor  
AT LEAST TWO WEEKS PRIOR TO THE EXAMINATION**

\_\_\_\_\_  
SLU ID: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

\_\_\_\_\_  
OF EXAM: \_\_\_\_\_

CHAIRPERSON OF EXAM COMMITTEE: \_\_\_\_\_

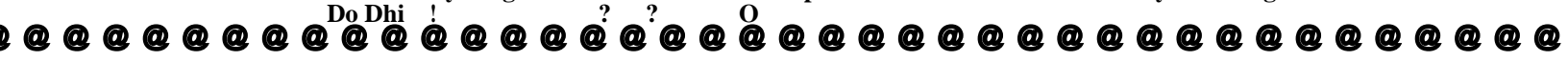
COMMITTEE MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OUTSIDE COMMITTEE MEMBER: \_\_\_\_\_  
*(Only if Required)*

Date student passed preliminary written exam: \_\_\_\_\_

Major field Program Director/Chairperson: \_\_\_\_\_  
(Signature)

**Do not enter anything below this line. Send completed form to Dean/Director of your college/**



er Director: \_\_\_\_\_

(Signature)

Date sent to Graduate Education: \_\_\_\_\_