APPROVAL TO SCHEDULE FINAL EXAMINATION: MASTER'S

School	Name:			Examination to be taken:
	K-State eID:			Oral Exam Written Exam
Kansas State University	Student Number (WID):			Date:
	Degree Program:			Time:
	College:	AG AR AS	BA ED EN HE TC VM	Place:
examinations and gr Return this form at le	raduation is available on th ast two weeks in advance of	e Graduate School websit the examination to 103 Fair	named above is approved to take a final examin- e at http://www.k-state.edu/grad/gscurrent/guide-rchild Hall when the date, time, and place of the finabstract and thesis/report title page).	eforms/index.htm.
Major Advisor (print name)		K-State Email	Signature	Date
Supervisory Committee Member (print name)		K-State Email	Signature	Date
Supervisory Committee Member (print name)		K-State Email	Signature	Date
Supervisory Committe	e Member (print name)	K-State Email	Signature	Date
Supervisory Committe	e Member (print name)	K-State Email	Signature	Date
Head of Dept/Grad Program Director (print name)		K-State Email	Signature	Date

Upon receipt of the "Approval to Schedule Final Examination" form, your records will be checked to see if all requirements have been met so that you may receive your degree this semester. The Graduate School will send a message to your email address either that your materials are in order or that you have specific problems that must be resolved prior to graduation. If you do not have access to email, please indicate a postal address for sending a letter.