DEPARTMENT OF MATHEMATICS AND STATISTICS

UMBC 1000 Hilltop Circle Baltimore MD 21250

Request for Oral Exam (To be submitted to the GPD two weeks before the exam)

Name:	
Title:	
Proposed Day, Time, Room: _	
Abstract:	
Committee Members:	
	
Advisor:	Date:
GPD:	Date:
	Butc
After the exam:	
I certify thatthe departmental oral exam.	(Student's name) has passed/failed
	(Advisor Signature)
For office use only:	
Flier Posted:	
Processed Pay Adjustment:	