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:

After the exam:

I certify that _____ (Student's name) has passed/failed the departmental oral exam.

_____
(Advisor Signature)

For office use only:

Flier Posted: _____

Processed Pay Adjustment: _____