

# SCHEDULING OF MASTERS ORALS\*

## College of Fine Arts

TCU ID Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

A candidate for the \_\_\_\_\_ degree in \_\_\_\_\_

Thesis \_\_\_\_\_ Non-Thesis \_\_\_\_\_

Date of Oral \_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_

Committee Chair Approval \_\_\_\_\_

Department Chair Approval \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

\*This form must be on file in the College of Fine Arts Graduate Office at least **two weeks prior** to the oral exam. Failure to do so will necessitate rescheduling the exam.