

THE GRADUATE SCHOOL - LOUISIANA STATE UNIVERSITY
REQUEST FOR MASTER'S EXAMINATION

(To be submitted to Graduate School 3 weeks prior to date of examination
and by current semester deadline for graduates)

Date: _____

The Department/School of _____ requests that the final
examination of _____ (SSN#), for
the Master of _____ degree, be scheduled on
_____ (Example: Arts, Science, Science in C.E.)
_____ (day of week), _____ (date), at _____ a.m./p.m.
in Room _____ Building.

Has this examination been scheduled previously? _____ Yes _____ No

MAJOR _____ MINOR _____

SUGGESTED COMMITTEE
(typed names)

If there is a minor, the minor department must be represented on the committee. There must be at least one full
member of the graduate faculty. If you are including a member from the Southern University graduate faculty,
indicate this with (SU) after the name.

_____ Chair _____

Check one: Non-thesis/Project Thesis

If thesis degree, state title of thesis: _____

Committee Chair (to be signed)

Chair or Head of Department (to be signed)

APPROVED:

Dean, Graduate School