



UNIVERSITY OF WASHINGTON  
*The Graduate School*  
*G-1 Communications*  
*Box 353770*  
*Seattle, Washington 98195-3770*

**REQUEST FOR GENERAL EXAMINATION**  
***Please Type***

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

The exam is scheduled for:

Time: \_\_\_\_\_

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

<p><b><i>Will the exam include audio/video conferencing?</i></b>  <b>Yes</b> _____ <b>No</b> _____</p> <p><b><i>Who will participate via audio/video conference?</i></b>  <b>Student:</b> _____ <b>Member(s)</b> _____</p> <p><b><i>If the student will participate via audio/video conference, a proctor letter <u>must</u> be attached to this request form.</i></b></p> <p><b><i>Place asterisk (*) next to name of member(s) listed below who will participate via audio/video conference.</i></b></p>
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**All members of the supervisory committee must sign this form; however, the exam may be scheduled with the minimum number of members specified in Graduate School Memorandum No. 13. (E-mails and faxed signatures are acceptable if attached to this form. E-mails must verify the time, date and location of the exam or will not be considered a valid confirmation.)**

Supervisory Committee Names (Typed)

Signatures

\_\_\_\_\_  
 (Chairperson)

\_\_\_\_\_  
 (Graduate School Representative)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____