



*Exploring Differences, Deepening Faith*

## MASTER OF ARTS EXAM SCHEDULING FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Student Focused Area of Study: \_\_\_\_\_

Exam Type (Check One):                      Final Paper (3 Credits)                      Final Project (3 Credits)                      Thesis (6 Credits)

Title: \_\_\_\_\_

Three dates/times at which both student and advisor are available (Exam is typically 90 minutes.):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Reader Requested : \_\_\_\_\_

*(A second reader in addition to the advisor is required for M.A. Exams. The second reader will be determined by the Dean.)*

### **Office Approvals Needed (Students Should Get Signatures in Order Listed):**

**Advisor:** Advisor agrees that the student is ready for exam.                      Signature: \_\_\_\_\_

**Registrar:** Grades have been recorded for all completed courses and student is currently enrolled in any outstanding course requirements. **(NOTE: Grades must be submitted to the Registrar by April 30<sup>th</sup> for all currently enrolled courses.)**                      Signature: \_\_\_\_\_

**Dean of Seminary:** Exam is approved.                      Signature: \_\_\_\_\_

*\*\*Please return this form to the Dean's Executive Assistant with your exam copies once you have obtained signatures from the Registrar and your Advisor. Thank you.*

**\*\*Office Use Only\*\***

Room booking has been made for: \_\_\_\_\_

Student, Advisor and Second Reader have been notified of confirmed date: \_\_\_\_\_