



**NMSU Graduate School**  
 Educational Services Building Room 301  
 MSC 3GS P.O. Box 30001  
 Phone: 575-646-5746 Fax: 575-646-7758  
<http://Gradschool.nmsu.edu>

<b>Graduate School Use Only</b> Sent and Processed by: _____ Date: _____
---

**Doctorate of Education Examination Form**

This form must reach the office of Graduate School at least 10 working days before the date of the exam. Otherwise the exam may be cancelled by Graduate School.

<b>Last Name:</b>	<b>First Name:</b>
<b>Banner ID:</b>	<b>E-Mail:</b>
<b>Phone:</b>	<b>Major/Minor:</b>

**Please check which exam you are taking:**      Oral Comprehensive      Final Oral Defense

**Date of Exam:**                      **Time of Exam:**                      **Location of Exam:**

**Committee Members:**

Advisor or Chair of Committee is listed as first member. If you have co-chairs, please put co-chair after name.

<b>Name of Committee Member</b>	<b>Grad Faculty Term Expiration</b>	<b>Committee Member Email</b>
1.		
2.		
3.		
Member from Minor or Related Area (If needed)		Email of Minor or Related Area (If needed)
4.		
Dean's Representative:	Department:	Email of Dean's Representative
5.		

**Approval Signatures:**

**Date:**

1. Student's Advisor:	
2. Minor Faculty:	
3. Student:	
4. Department Head:	
5. Graduate School:	