

ORAL EXAM COMMITTEE FORM

Qualifying Examinations Part II

Submit this application form to the Music Graduate Studies Office (216A)

Name: _____ Instrument/Voice: _____
 UNT ID #: _____ Email: _____
 Phone: _____

All components of the qualifying examinations must be completed within 14 months
The student is responsible for setting a time and place for the oral exam and reserving the room through
www.music.unt.edu/roomview and www.music.unt.edu/request.

Oral Exam date: _____ Time: _____ Place: _____

Examining Committee (Advisory Committee): "I agree to serve on this applicant's examining committee, and I agree to the exam dates listed above."			
_____ <small>Major Professor (please type/print)</small>	_____ <small>Signature</small>	_____ <small>Related Field (please type/print)</small>	_____ <small>Signature</small>
_____ <small>Committee Member (please type/print)</small>	_____ <small>Signature</small>	_____	

_____ This application has been approved	_____ This application has not been approved for the following reason(s):
_____	_____
_____ <small>DMA Committee Chair Signature</small>	_____ <small>Date</small>