



VANDERBILT  
UNIVERSITY

# REQUEST TO CANCEL AND/OR RESCHEDULE QUALIFYING EXAM OR DISSERTATION DEFENSE

**IMPORTANT:** Prior to examination, this form should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies, copied for the department or program file, and submitted electronically to the Graduate School HERE.

**TO:** Associate Dean of the Graduate School

This is to inform you that the DGS and/or Chair has approved a request to cancel the following:

qualifying examination or  dissertation defense for:

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student's I.D. Number)

in \_\_\_\_\_  
(Department/Program)

with \_\_\_\_\_  
(Dissertation Adviser)

\_\_\_ New exam date TBD

\_\_\_ The exam will be rescheduled:

on \_\_\_\_\_  
(Date)

at \_\_\_\_\_  
(Time)

in/at \_\_\_\_\_  
(Location)

(Dissertation Adviser)

### Members of the Committee

Please Type Name:

Department:

\_\_\_\_\_, Chair

\_\_\_\_\_

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Director of Graduate Studies:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name