



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 forwarded to the Graduate School, 117 Alumni Hall.

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

Director of Graduate Studies:

Signature

Date

Printed Name