

STEPHEN F. AUSTIN STATE UNIVERSITY
DEPARTMENT OF MATHEMATICS AND STATISTICS
COMPREHENSIVE FINAL EXAMINATION SCHEDULE FORM

The student should contact each member of his/her examining committee to request their attendance at the time, place and date specified. The signature of each member is required. When all signatures are obtained, return this form to the Coordinator of Graduate Studies for the Department of Mathematics and Statistics.

Student: _____

Field/Emphasis: _____

Date: _____

Place: _____

Examining Committee:
