



**Yale University**  
*Department of Applied Physics*

# Event Scheduling Form

Use this form to schedule:

**Area Exam**

**Final Examination**

Please complete and return to the Graduate Studies Office at least 7 days prior to scheduled event. Signatures are required. Remember to provide your committee with a copy of the paper at least 7 days prior to the exam date.

**NAME** \_\_\_\_\_ **Date** \_\_\_\_\_  
*last first*

\_\_\_\_\_ *home address* *office phone*

\_\_\_\_\_ *home phone*

**PROSPECTUS/THESIS TITLE:** \_\_\_\_\_  
*(Please print clearly)*

**DATE & TIME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

|                           | Name                         | Dept | Signature |
|---------------------------|------------------------------|------|-----------|
| <b>Committee Members:</b> | _____ <i>(Chair/Advisor)</i> |      |           |
|                           | _____                        |      |           |
|                           | _____                        |      |           |
|                           | _____                        |      |           |

**Comments:**