

## Final Oral Examination Notification

\_\_\_\_\_

Date

M.S. Biology/Ph.D. Biology/D.A. Biology/CLS Biology  
Idaho State University

To: Members of the Examination Committee  
Office of Graduate Studies

**Major Advisor:**

ISU Stop:

Tel:

**Third Member:**

ISU Stop:

Tel:

**Second Member:**

ISU Stop:

Tel:

**Fourth Member:**

ISU Stop:

Tel:

**GFR:**

ISU Stop:

Tel:

Oral examination has been scheduled for Student: \_\_\_\_\_

Thesis Title:

Date

Time

Seminar room #

Please mark your calendar. Committee members are asked to contact the major advisor if there are any questions.

\_\_\_\_\_  
Major Advisor

dc: Student File