



School of
Electrical Engineering and Computer Science
VOILAND COLLEGE OF ENGINEERING AND ARCHITECTURE

Exam Scheduling Publication Confirmation:

Student Name: _____

Student ID: _____ Semester: _____

Advisor/Committee Chair: _____

Exam: X Prelim OR __ Final

Area: _____

Publications from List:

Other Publications:

The above student's exam request is __ approved __ not approved.

Reviewer Name: _____ Reviewer Signature: _____