

ANNOUNCEMENT OF EXAMINATION
(Announcement of Examination forms should be submitted 10 business days prior to examination date.)

DATE

TO: Members of Supervisory Committee for:

First

MI

Last

UF ID#

FROM: Applied Physiology and Kinesiology Department

Supervisory Committee:

_____, Chair

First Name

Last Name

1. Name of examination:

2. Degree sought:

3. Area of concentration:

4. Thesis or dissertation title:

5. Examination date:

Place:

Time:
