GTU COMMON MA PROGRAM
ORAL EXAMINATION COMMITTEE REQUEST FOR MA STUDENTS IN BIBLICAL LANGUAGES

NAME: ___________________________ E-MAIL ADDRESS: ___________________________
PHONE: ___________________________ SCHOOL OF AFFILIATION: _______________ AREA OF CONCENTRATION: _______________
MAILING ADDRESS: ___________________________

This form must be submitted to the GTU Dean’s Office at least 90 days prior to scheduling your oral examination. Complete the scheduling worksheet in the box below to determine the deadline for this form and to plan your oral exam schedule. Oral exams for MA students in Biblical Languages must be completed by the thesis filing deadline.

SCHEDULING WORKSHEET
Anticipated semester of graduation: ___________________________
Thesis filing/oral exam deadline (per GTU Extended Calendar): ___________________________
Proposed date of oral exam: ___________________________
Deadline for this form (90 days prior to oral exam): ___________________________
Language Certification (complete prior to forming committee): ___________________________

LANGUAGE CERTIFICATION
Completion of the foreign language requirement must be certified here by the GTU MA Program Coordinator prior to forming the oral exam committee. (Language exams are offered each February, May, and September. See Extended Calendar for exam dates.)

Language certified: ___________________________ Date of certification: ___________________________
GTU MA Program Coordinator signature: ___________________________

PROPOSED ORAL EXAMINATION COMMITTEE
MA students in Biblical Languages are required to have two examiners. The Oral Exam Committee consists of the student’s advisor and one other GTU faculty in Biblical Studies, outside the student’s school of affiliation. These must be regularly-appointed consortial faculty members (not adjunct or visiting). The committee is approved by the MA Biblical Languages Coordinator and the GTU Dean.

Primary Examiner ___________________________ School ___________________________ Signature ___________________________
Second Examiner ___________________________ School ___________________________ Signature ___________________________

_________________________ ___________________________ Date ___________________________
Student Signature Date

_________________________ ___________________________ Date ___________________________
Signature of Approval, MA Biblical Languages Coordinator Date

☐ As this student’s dean, I hereby grant a waiver of the rule that 90 days must pass between the date this form is submitted and the date of the student’s oral exam. _________ (initial here)

_________________________ ___________________________ Date ___________________________
Signature of Approval, GTU Dean Date

updated: 4/26/12