

WAIVER OF FINAL EXAMINATIONS
FOR THE DEGREE OF DOCTOR OF **PHILOSOPHY** **MUSICAL ARTS**

Name of Candidate _____
Last First Middle

Title of Dissertation: _____

To the Dean of the Graduate Division:

The doctoral committee requests that the candidate's final examination be waived.

Type or print name <i>(please enter Chair first)</i>	Signature of members <i>(please press firmly)</i>	Waived? Yes No
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

The committee therefore recommends that the degree be conferred denied.

Type of Write Name of Department Chairperson _____

Signed: _____ Date _____
Chairperson of Department

The above named candidate has met all the requirements of the major department and those of the Graduate Division. I concur with the recommendation of the doctoral committee that the final examination be waived. The degree of Doctor of Philosophy Musical Arts, with a major in _____ will be conferred and dated _____.

Approved: _____ Date _____
Dean of the Graduate Division

Send original and copy to the Graduate Division. After approval by the Graduate Dean, the copy will be returned to the department.