



RIDER UNIVERSITY
College of
Arts and Sciences

WESTMINSTER
CHOIR COLLEGE

Request for Graduate Oral Examination

Instructions: Complete this form and email to Debbie Williamson dwilliamson@rider.edu

Student Name: _____ Bronc ID#: _____

Major: _____

Student Rider E-mail Address: _____

Requested Exam Date: _____ Time: _____

In Person: _____ -or- Via Zoom: _____

Committee Chair: _____

Member #2 (within dept.): _____

Member 3 (outside dept.): _____

Graduate Program Director (optional): _____