SUNY New Paltz
Department of Foreign Languages
Masters Exam Scheduling Form

Please attach a copy of your exam list before presenting this form to the members of your committee. For information on the exam see: Guidelines for the Master's Comprehensive Exam in Spanish.

Name: _____

Date of Exam: _____

Location: _____

Committee Members	Signature	Date
_____ (Chair)	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Graduate Coordinator: _____ Date: ____

Signature of Department Chair: _____ Date: ____

Graduate Courses taken in Foreign Languages

Course Title	Instructor	Semester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____