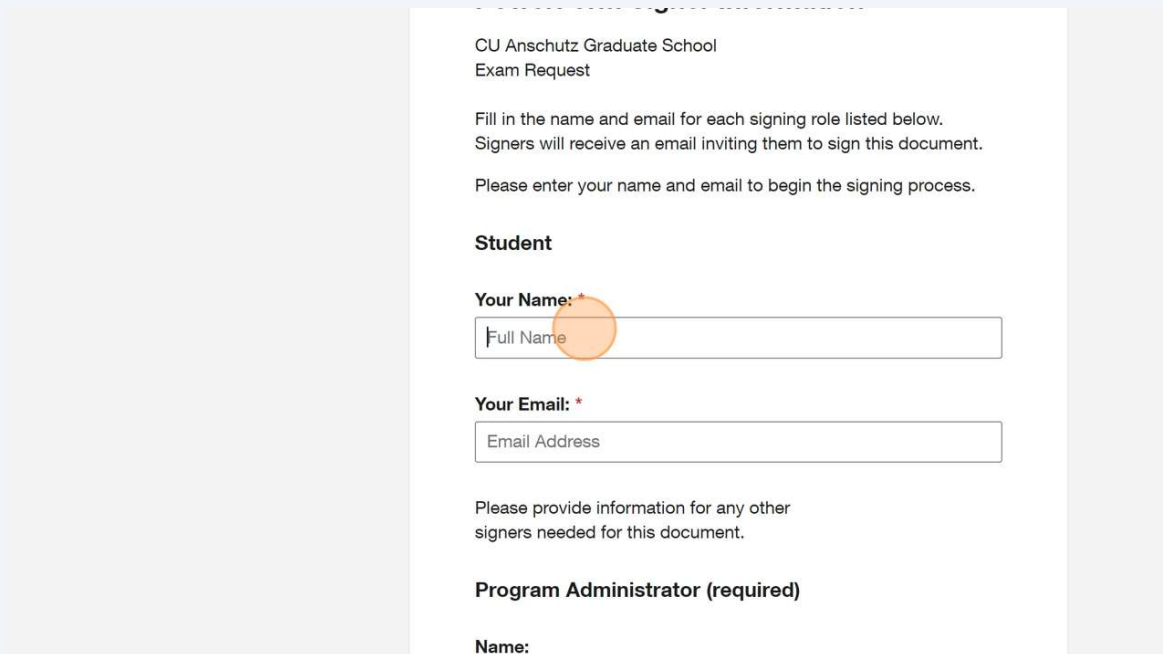


1 Navigate to Graduate School website and open Exam Request link.

2 Fill in your information as the Student



CU Anschutz Graduate School  
Exam Request

Fill in the name and email for each signing role listed below.  
Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

**Student**

**Your Name: \***

**Your Email: \***

Please provide information for any other signers needed for this document.

**Program Administrator (required)**

**Name:**

3

**REQUIRED: Include Program Administrator and Program Director**

If applicable: include Defense chairperson.

The screenshot shows a form with the following sections:

- Your Email: \***  
A text input field containing the email address: maddie.parker@cuanschutz.edu
- Please provide information for any other signers needed for this document.
- Program Administrator (required)**
  - Name:**  
A text input field with the placeholder text "Full Name" and an orange circular icon to its right.
  - Email:**  
A text input field with the placeholder text "Email Address".
- Program Director (required)**
  - Name:**  
A text input field with the placeholder text "Full Name".



Double check name spelling and email addresses before moving forward!

4

Keep Graduate School information. Click "BEGIN SIGNING"

The screenshot shows a DocuSign form with the following fields:

- Email:** A text input field containing "Email Address".
- Graduate School**
- Name:** A text input field containing "Graduate School".
- Email:** A text input field containing "grad.forms@cuanschutz.edu".

At the bottom center, there is a prominent orange button labeled "BEGIN SIGNING".

At the bottom of the page, there is a footer with the DocuSign logo, language selection (English (US)), and links for Contact Us, Terms of Use, Privacy, Intellectual Property, and Trust. The copyright notice reads "Copyright © 2024 DocuSign, Inc.".

5

Fill in your student information. Then select your degree and program.

The screenshot shows a "Graduate School Exam Request" form from the University of Colorado Anschutz Medical Campus. The form includes the following fields and instructions:

- DocuSign Envelope ID:** 8B6B26B9-C20D-4FE6-B58F-3B15080419CF
- START** button on the left side.
- Student Name:** "Medison Parker" (with a "Required" label). A red box highlights this field.
- Student Number:** "111111111" (with a blue box around it).
- Degree/Program:** A dropdown menu showing "-- select --". A red box highlights this field.
- Type of Examination:** A section with the instruction "Check One" and several radio button options:
  - Master's Thesis Defense (Plan I)
  - Master's Non-Thesis (Plan II)
  - Doctoral-Comprehensive Examination
  - Doctoral-Thesis DefenseBelow these, it says "Choose one of the following:" with options for Project, Report, and Comp Exam.
- How many doctoral dissertation credits appear on the transcript, up to and including the defense semester? (Only Doctoral-Thesis Defense):** An empty text input field.
- Date of Exam:** An empty text input field.
- Time of Exam:** An empty text input field.
- Room Number:** An empty text input field.

6 Select your exam type.

ANSCHUTZ MEDICAL CAMPUS

**This form is due AT LEAST two weeks prior to the date of the examination. Use this form to schedule graduate examinations/ defenses for masters and doctoral programs. See the instruction sheet for information on filling out this form.**

START

Student Name:  Student Number:

Degree/Program:

Type of Examination: (Check One)

Master's Thesis Defense (Plan I)  Doctoral-Comprehensive Examination

Master's Non-Thesis (Plan II)  Doctoral-Thesis Defense

Choose one of the following:

Project  Report  Comp Exam

How many doctoral dissertation credits appear on the transcript, up to and including the defense semester? (Only Doctoral-Thesis Defense)

Date of Exam:  Time of Exam:  Room Number:

Thesis Title:

7 DOCTORAL DEFENSE ONLY: Include number of dissertation credits.

**Due AT LEAST two weeks prior to the date of the examination. Use this form to schedule graduate examinations/ defenses for masters and doctoral programs. See the instruction sheet for information on filling out this form.**

Name:  Student Number:

Program:

Type of Examination: (Check One)

Master's Thesis Defense (Plan I)  Doctoral-Comprehensive Examination

Master's Non-Thesis (Plan II)  Doctoral-Thesis Defense

Choose one of the following:

Project  Report  Comp Exam

How many doctoral dissertation credits appear on the transcript, up to and including the defense semester? (Only Doctoral-Thesis Defense)

Date of Exam:  Time of Exam:  Room Number:

Thesis Title:

OR:

8

Fill in your exam date, time, and room number.

Student Name:  Student Number:

Degree/Program:

Type of Examination: (Check One)

Master's Thesis Defense (Plan I)
  Master's Non-Thesis (Plan II)
  Doctoral-Comprehensive Examination

Choose one of the following:

Project
  Report
  Comp Exam
  Doctoral-Thesis Defense

How many doctoral dissertation credits appear on the transcript, up to and including the defense semester?

**Required - Text 3**

Date of Exam:  Time of Exam:  Room Number:

Thesis Title: (Only Master's Thesis and PhD Final Defense)

Thesis Advisor: (Master's Thesis and all PhDs)

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9

Fill in committee members and their program affiliation.

Note: program affiliation is how they relate to your exam - will most likely be your program.

Thesis Title: (Only Master's Thesis and PhD Final Defense)

Thesis Advisor: (Master's Thesis and all PhDs)

Examination Committee (type names, no signatures):

<b>Required - Text 9</b>	<b>FacultyName</b>	<b>Program Affiliation</b>
Chair:	<input type="text"/>	-- select --
	<input type="text"/>	-- select --
	<input type="text"/>	-- select --
	<input type="text"/>	-- select --
	<input type="text"/>	-- select --
	<input type="text"/>	-- select --

If you are a PhD student completing your thesis defense, you must obtain your chairperson's signature, approving the date of your defense.

Thesis Chairperson:  Date:

**All students must obtain the signature of their graduate program director and administrator, approving the above information.**

10 Click "FINISH" to route form to your PA, PD, and Thesis Chairperson (if applicable).

Exam-Request.pdf 1 of 1

Thesis Chairperson:  Date:

**ALL students must obtain the signature of their graduate program director and administrator, approving the above information.**

Grad. Prog. Admin:  Date:

Grad. Prog. Director:  Date:

**FINISH**

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