

MA Exam Form

Instructions:

Student: Please fill out the information on this form and e-mail it to the Master's Exam Coordinator **at least** a week before your exam date.

Your Name: _____

Date of Exam: _____

Time of Exam (am/pm): _____

Place of Exam (Bldg & Room): _____ (see Carol or Dianne for a room after you have the date and time. If email: mathoffice@math.binghamton.edu)

Professor _____ Course numbers _____

Professor _____ Course numbers _____

Professor _____ Course numbers _____

Professor _____ Course numbers _____

Chair of your committee _____ (usually the professor who is examining you on the most courses).

Make sure that you have filled out the Graduate Application for Degree form on BU Brain under the Student Tab.

After you have all the information filled out, please give or e-mail your form to Professor Williams (MA Exam Coordinator) jwilliams@math.binghamton.edu.