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.