

TEXAS CHRISTIAN UNIVERSITY  
COLLEGE OF FINE ARTS-SCHOOL OF MUSIC  
SCHEDULING OF DMA ORAL EXAM (DEFENSE)

NAME OF STUDENT \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_

Signatures

Date

\_\_\_\_\_  
Major Professor

\_\_\_\_\_

\_\_\_\_\_  
Committee member

\_\_\_\_\_

\_\_\_\_\_  
Committee member

\_\_\_\_\_

\_\_\_\_\_  
Committee member

\_\_\_\_\_

\_\_\_\_\_  
Committee member

\_\_\_\_\_

\_\_\_\_\_  
Associate Dean

\_\_\_\_\_