

**ALABAMA A&M UNIVERSITY**  
**School of Graduate Studies**  
**Normal, Alabama 35762**

Post Office Box 998  
Telephone: (256) 372-5266

**REQUEST TO SCHEDULE FINAL  
THESIS DISSERTATION  
ORAL EXAMINATION**

TO: Dr.Chandra Reddy, Dean  
School of Graduate Studies

Date:

FROM:  
Chair, Committee (Advisor)

Approval is requested from the Graduate School for scheduling the final oral examination for

(Name of the Student)

(Degree)

(Major)

(Title of the Thesis/Dissertation)

(Day & Date)

(Time)

(Room No. & Building)

The Advisory Committee members have read and approved the “final” draft and agree to attend this defense at the above time. **All members’ attendance is mandatory** and any exceptions need to be approved by the Graduate Dean.

(Name)

\_\_\_\_\_  
(Signature)

(Name)

\_\_\_\_\_  
(Signature)

(Name)

\_\_\_\_\_  
(Signature)

(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Dean, School of Graduate Studies

\_\_\_\_\_  
(Date)

**NOTE: This request must be typed and accompany the “Final Draft” submitted to the Graduate Dean two weeks prior to the scheduled defense.**