



THESIS/DISSERTATION REQUEST TO SCHEDULE FINAL ORAL EXAMINATION

THESIS

DISSERTATION

TO: School of Graduate Studies

Date: \_\_\_\_\_

FROM: \_\_\_\_\_

Chair, Committee (Advisor)

Name of Student: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Title of Thesis/Dissertation: \_\_\_\_\_

Day - Date - Time: \_\_\_\_\_

Room Number & 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.

Member: \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature)

Member: \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature)

Member: \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature)

Member: \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature)

Member: \_\_\_\_\_ (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.