

FAYETTEVILLE STATE UNIVERSITY

GRADUATE SCHOOL

THESIS ORAL DEFENSE SCHEDULING FORM

TO: College Dean's Signature: _____
THRU: Department Chair's/Associate Dean's Signature: _____
THRU: Graduate Coordinator's Signature: _____
FROM: Thesis Advisory Committee Chair's Signature: _____
DATE: _____
SUBJECT: Requesting Date for Thesis Oral Defense

The following student's thesis is complete except for revision which may be necessary as a result of the oral defense and of the review of the thesis by the Thesis and Dissertation Editor.

Student Name: _____ Banner Number: _____

Thesis Title: _____

Thesis Advisory Committee Members

Chair: _____

Member: _____

Member: _____

Member: _____

We are requesting that the oral defense be scheduled during one of the following times:

Date: _____ Time (2 hour Block): _____

Location: _____

Date: _____ Time (2 hour Block): _____

Location: _____

Date: _____ Time (2 hour Block): _____

Location: _____

Note: A written notice of the time and place of the defense of the thesis will be sent by the college dean to the candidate, each member of the committee, and the faculty at Fayetteville State University. The oral defense is an academic evaluation of the thesis by the committee, and is open to the committee members, university faculty, and approved guests.