

TO: OFFICE OF GRADUATE PROGRAMS, Crawford 302. 674-8137

Submit NO LATER THAN 14 days before defense/exam

FROM: _____ Department/Program Approval Signature of Department Head/Program Chair (REQUIRED)

Student's Name _____ Student's Number _____ Major Code _____ GPA _____
Student's Phone _____ Student's E-mail _____

Do NOT Announce Proposal Conferences or WRITTEN Preliminary, M.S. Final Program or Ph.D. Comprehensive Examinations
[] Ph.D. or DRP Defense [] M.S. Thesis/Design Project/Portfolio [] M.S. Oral Final Program Exam [] Ph.D. Oral Comp [] Ed.S. Final Program

Title of Document (Please use initial capitalization so acronyms are easy to spot. Underline words to be italicized.)

Please schedule during normal business hours: Date _____ Time _____ Place _____

Below, TYPE/PRINT committee members' names, using correct title (Dr., Mr., Ms., etc.). Signatures are not necessary.

Committee Members: Major Adviser _____ Dept./Prog. _____
Outside Member _____ Dept./Prog. _____
Other Committee Member _____ Dept./Prog. _____
SHADEGR _____ EM

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STUDENTS MUST PASS DEFENSE/EXAM BY THE NEXT-TO-LAST MONDAY IN ORDER TO GRADUATE CURRENT TERM