



**REQUEST FOR SCHEDULING ORAL EXAMINATION  
IN DEFENSE OF THE THESIS**

To be completed by the adviser and the student and submitted to the Office of the Dean of appropriate school 10 days before the anticipated defense.

**NAME** \_\_\_\_\_ **SS/ID#** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADVISER'S NAME** \_\_\_\_\_ **DEPT.** \_\_\_\_\_

**GRADUATE DEGREE PROGRAM** \_\_\_\_\_

**TOPIC OF  
THESIS** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FACULTY MEMBERS OF THESIS DEFENSE COMMITTEE**

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\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL APPROPRIATE AND WILLING FACULTY MEMBERS**

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**DATES AND TIMES FOR EXAMINATION**

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