THESIS/DISSERTATION/DOCTORAL PROJECT
ORAL DEFENSE SCHEDULING FORM

Student Name: _____

Banner ID: _____ Student Email: _____

Degree Type (e.g. Ph.D., M.S., etc.): _____ Academic Program: _____

Title of Thesis/Dissertation/Doctoral Project: _____

_____

Note: This form must be submitted **at least two weeks prior** to the scheduled defense date. The committee must already be approved before this form is submitted.

Defense Type (check box):

☐ Master's Thesis Proposal ☐ Doctoral Project Proposal ☐ Ph.D. Proposal/Prelim Exam

☐ Master's Thesis Final Defense ☐ Doctoral Project Final Defense ☐ Ph.D. Dissertation Final Defense

Defense Date, Time, Location & Format (check box): ☐ **In-Person** ☐ **Remote/Online**

Defense Date: _____ Defense Time: _____ Defense Location: _____

Committee and Department Confirmation:

Committee Member Name	Department	Signature and Date
Major Professor / Committee Chair 1.		
2.		
3.		
4.		
5.		
Graduate College Faculty Representative (Doctoral Committees Only) 6.		

Department Chairperson (or Graduate Coordinator): _____

Printed Name Signature/Date

FOR APPROVAL, SUBMIT COMPLETED FORM TO

thesisforms@ncat.edu

GRADUATE COLLEGE USE ONLY

Approved: _____