

REQUEST TO SCHEDULE ORAL DEFENSE

Student's Name: _____

Banner ID (or last 4 digits): _____

Student Email: _____

Advisor's Name: _____

Academic Program: _____

Title of Research/Presentation: _____

Type: Thesis Proposal PhD Preliminary Examination Thesis Defense Dissertation Defense

Scheduling Date, Time, and Location (due 4 weeks before proposed defense)

Date of Defense: _____

Time of Defense: _____

Location of Defense: 101 Gibbs Hall

Other (*Please specify*): _____

FOR THE SCHEDULING OF PROPOSALS / PRELIMINARY EXAMS: A RESEARCH CLEARANCE LETTER FROM THE OFFICE OF RESEARCH COMPLIANCE AND ETHICS MUST BE SUBMITTED WITH THIS DOCUMENT.

By signing below, the Committee member agrees to the time and duration (2 hours) of the defense

Committee Member Name	Department	Sign and Date Below to Consent to Participate in Defense (ALL MUST SIGN)
1. <i>Major Professor / Committee Chair</i>		<i>Signature</i> <i>Date</i>
2.		
3.		
4.		
5.		
6. <i>Graduate Faculty Representative (Ph.D. Only)</i>		

Department Chair or Graduate Coordinator
(Print Name)

Department Chair or Graduate
Coordinator Signature Date

GRADUATE COLLEGE USE ONLY BELOW THIS LINE

*Approval of Scheduled Oral Examination
by the Graduate College:*

Signature

Date

North Carolina A & T State University * The Graduate College * 120 Gibbs Hall * Greensboro, NC 27411