

FAYETTEVILLE STATE UNIVERSITY  
THE GRADUATE SCHOOL

DISSERTATION ORAL DEFENSE SCHEDULING FORM

**TO:** Dean of The Graduate School  
**THRU:** College/School Dean's Signature: \_\_\_\_\_  
**THRU:** Department Chair's Signature: \_\_\_\_\_  
**FROM:** Dissertation Advisory Committee Chair's Signature: \_\_\_\_\_  
**DATE:**  
**SUBJ:** Requesting Date for Dissertation Oral Defense

The following student's dissertation has undergone review by the Dissertation Advisory Committee, Department Chair, and Dean of the College/School and is approved for an oral defense.

Student Name: \_\_\_\_\_ Banner Number: \_\_\_\_\_

Dissertation Topic:

Dissertation 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: Building: \_\_\_\_\_ Room: \_\_\_\_\_

Date: \_\_\_\_\_ Time (2 hour Block): \_\_\_\_\_

Location: Building: \_\_\_\_\_ Room: \_\_\_\_\_

Date: \_\_\_\_\_ Time (2 hour Block): \_\_\_\_\_

Location: Building: \_\_\_\_\_ Room: \_\_\_\_\_

*Note: The Graduate School will notify the student, Dissertation Advisory Committee Chair, Department Chair, and College/School Dean of the selected oral defense date and announce the defense to the Fayetteville State University community.*