

**FAYETTEVILLE STATE UNIVERSITY
THE GRADUATE SCHOOL
THESIS ORAL DEFENSE SCHEDULING FORM**

TO: Dean of The Graduate School

THRU: College/School Dean's Signature: _____

THRU: Department Chair's Signature: _____

FROM: Thesis Advisory Committee Chair's Signature: _____

DATE: _____

SUBJ: Requesting Date for Thesis Oral Defense

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

Student Name: _____ Banner Number: _____

Thesis Advisory Committee Members

Chair: _____

Member: _____

Member: _____

Member: _____

We are requesting that the oral defense be scheduled during one of the following times (list 3 dates):

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 Thesis 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.