

FAYETTEVILLE STATE UNIVERSITY  
THE COLLEGE OF EDUCATION  
DISSERTATION ORAL DEFENSE SCHEDULING FORM

TO: Dean of the College of Education

THRU: \_\_\_\_\_  
Department Chair

FROM: Dissertation Advisory Committee Members

Chair: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

DATE:

SUBJ: Requesting Date for Dissertation Oral Defense for

Student Name: \_\_\_\_\_

Banner ID Number: \_\_\_\_\_

The above student's dissertation has undergone review by the Dissertation Advisory Committee and Department Chair, and is approved for an oral defense.

Dissertation Topic:

We are requesting that the oral defense be scheduled during one of the following times (chronological order of request):

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 Dean's Office designee will notify the Dissertation Advisory Committee Chair and Department Chair of the selected oral defense date and announce the defense to the Fayetteville State University community. The Dissertation Advisory Committee Chair shall notify the student.*