

FAYETTEVILLE STATE UNIVERSITY
SCHOOL OF EDUCATION
GRADUATE PROGRAMS

DISSERTATION ORAL DEFENSE SCHEDULING FORM

TO: College/School Dean’s Signature: _____

THRU: Department Chair’s Signature: _____

THRU: Program Director’s Signature: _____

FROM: Dissertation Advisory Committee Chair’s Signature: _____

DATE: _____

SUBJECT: 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): _____

Room: _____

Location: Building: _____

Date: _____

Time (2 hour Block): _____

Room: _____

Location: Building: _____

Date: _____

Time (2 hour Block): _____

Room: _____

Location: Building: _____

Note: The Dean will notify the student, Dissertation Advisory Committee Chair, Program Director, and Department Chair of the selected oral defense date and announce the defense to the Fayetteville State University community.