

THE GRADUATE SCHOOL
 Southern University and A&M College
 Baton Rouge, Louisiana

REQUEST FOR DISSERTATION ORAL DEFENSE

Please submit one copy to your department, the College/School, THE GRADUATE SCHOOL, and and to each committee member.

Name: _____ Banner ID #: _____

Department: _____ Major: _____

The Dissertation Committee for the above-named student requests the following date for the oral defense to earn a Doctorate Degree in _____.

The defense will be held on:

(date) _____

at (time) _____ a.m. p.m.

in Building _____

Room Number _____ .

DISSERTATION TITLE

DISSERTATION COMMITTEE

 Date
 Chair, Dissertation Committee

 Date
 Member, Dissertation Committee

 Date
 Member, Dissertation Committee

 Date
 Member, Dissertation Committee

Date of initial admission to the current degree program: _____
 (Semester & Year)

Anticipated graduation date: _____
 (Semester & Year)

APPROVALS:

 Date
 Department Chair/Program Director

 Date
 Dean of the College/School