## The Graduate School Southern University And A&M College Baton Rouge, Louisiana

## Request for Master's Project Oral Defense

The Project Committee of		, ID# .		
·	Name of Student			
Requests approval of(Month)	/Day/Year) as the d	late for the oral	defense of the abov	ve-named
student for a Master's degree in		(Major)		·
The Defense will be held in Room		, Building		at
a.m./p.m.				
TITLE OF PROJECT:				
Name: CHAIR, Project Committee	r's Supervis (*Please TYPE all names i			Date
Name: Member, Project Committee	Date	Name Member, Projec (LSU Faculty, i,		Date
Anticipated Graduation Date:	□FALL □SPRING □SUMMER	YEAR	_	
Date of initial admission to Current Degree Program:  APPROVED:  Name: Director of Graduar		□FALL □SPRING □SUMMER	YEAR	
		te Programs		
	Name: Dean of the Gradua	ate School	_	

<sup>\*</sup>Please submit one copy to the Graduate School and one copy to each Committee Member.