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

## Request for Master's Thesis Oral Defense

The Thesis 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 THESIS:				
Name: CHAIR, Thesis Committee	r's Supervis (*Please TYPE all names i Date			Date
Name: Member, Thesis Committee	Date	Name Member, Thesis (LSU Faculty, i		Date
Anticipated Graduation Date:	□FALL □SPRING □SUMMER	YEAR		
Date of initial admission to Current Degree Program:  APPROVED:  Name: Director of Gradua		□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.