

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

Request for Master's Thesis Oral Defense

The Thesis Committee of _____, SS# _____.
Name of Student

Requests approval of _____ as the date for the oral defense of the above-named
(Month / Day / Year)

student for a Master's degree in _____.
(Major)

The Defense will be held in Room _____, Building _____ at
_____ a.m./p.m.
(Time)

TITLE OF THESIS:

Master's Supervisory Committee:

(*Please TYPE all names in designated spaces*)

Name: _____ Date _____
CHAIR, Thesis Committee

Name _____ Date _____
Member, Thesis Committee

Name: _____ Date _____
Member, Thesis Committee

Name _____ Date _____
Member, Thesis Committee
(LSU Faculty, if applicable)

Anticipated Graduation Date: FALL
 SPRING
 SUMMER

YEAR _____

Date of initial admission to Current Degree Program: FALL
 SPRING
 SUMMER

YEAR _____

APPROVED:

Name:
Department Chairperson/Program Chairperson

Name:
Dean of the Graduate School

*Please submit one copy to the Graduate School and one copy to each Committee Member.