

Thesis/Dissertation Oral Defense Committee Recommendation Form

This form must be submitted to the Office of Graduate Studies no later than 30 calendar days following the thesis or dissertation proposal approval.

Student Information

Name: _____ Student ID #: _____ Date: _____
 First Last
 Program and Degree: _____ Email address: _____
 Primary phone #: _____ Alternate phone #: _____

Thesis/Dissertation Information

Proposal Approval Date: _____

Preliminary Thesis/Dissertation Title: _____

Proposed Committee Membership

This is for initial committee approval or a change to a previously approved committee (please note where the change is made).

Oral Defense Committee Chair (Optional)

Faculty Name _____ Rank _____ Department _____

If you know who your Oral Defense Committee Chair is at this time, please list his/her name above. If not, you must provide it on the Schedule of Oral Defense form, which must be sent to the Office of Graduate Studies at least four (4) weeks prior to your defense.

Thesis/Dissertation Director

Faculty Name _____ Rank _____ Department _____

Committee Member

Faculty Name _____ Rank _____ Department _____

Faculty Name _____ Rank _____ Department _____

Faculty Name _____ Rank _____ Department _____

Special Committee Member(s)

Faculty Name _____ Rank _____ Department _____

I am seeking special approval for this member. A request and proposed member's CV or resume are attached.

Faculty Name _____ Rank _____ Department _____

I am seeking special approval for this member. A request and proposed member's CV or resume are attached.

 Thesis/Dissertation Director's Name

 Department Director/Chair's Name

 Thesis/Dissertation Director's Signature

 Department Director/Chair's Signature

Approved Not Approved
 Associate Provost's Signature _____