



Schedule of Oral Defense

- Submit a copy of this form to the Office of Graduate Education **and** your department at least **four weeks before your oral defense**.
- Confirm that your oral defense committee has been approved through the [Thesis/Dissertation Oral Defense Committee Recommendation Form](#).
- Review all [published deadlines](#) to ensure your defense date occurs **on or before the deadline for the term you plan to graduate in**.

Student Information

First and Last Name: _____ Student ID #: _____

Program and Degree: _____ Email Address: _____

Thesis/Dissertation Title: _____

Date of Oral Defense (mm/dd/yy): _____ Time: _____ Location: _____

☐ I will be holding my defense virtually.

Building and room #

Please notify your committee members that your defense will be held virtually and provide your Zoom link in advance.

Oral Defense Committee

Committee Chair (Outside Chair)

Faculty Name _____ Rank _____ Department _____

Thesis/Dissertation Director

Faculty Name _____ Rank _____ Department _____

Committee Members

(excluding your thesis/dissertation director and outside chair)

Faculty Name _____ Rank _____ Department _____

Faculty Name _____ Rank _____ Department _____

Faculty Name _____ Rank _____ Department _____

Faculty Name _____ Rank _____ Department _____

Faculty Name _____ Rank _____ Department _____

If applicable, please list an email address for a committee member that is not currently employed at DU:

Please note:

If any information changes before your defense, notify the Office of Graduate Education promptly so required approvals can be completed and graduation delays avoided. If your committee members have changed since your last Oral Defense Committee Recommendation form was submitted, you must submit a new, signed form approved by your thesis/dissertation director and department chair.