

THE GRADUATE SCHOOL
 Southern University and A&M College
 Baton Rouge, Louisiana

REQUEST FOR MASTER'S THESIS ORAL DEFENSE

Please submit one copy to your department, the College/School, THE GRADUATE SCHOOL, and and to each committee member.

Name: _____ Banner ID #: _____

Department: _____ Major: _____

The Thesis Committee for the above-named student requests the following date for the oral defense to earn a Master's Degree in _____.

The defense will be held on:

(date) _____

at (time) _____ a.m. p.m.

in Building _____

Room Number _____.

MASTER'S THESIS TITLE

MASTER'S THESIS COMMITTEE

 Date
 Chair, Thesis Committee

 Date
 Member, Thesis Committee

 Date
 Member, Thesis Committee

 Date
 Member, Thesis Committee

Date of initial admission to the current degree program:

 (Semester & Year)

Anticipated graduation date:

 (Semester & Year)

APPROVALS:

 Date
 Department Chair/Program Director

 Date
 Dean of the College/School