

Request to Schedule Oral Defense

gradforms@uttyler.edu · STE 345 · 903-566-7457

***This completed form must be submitted to The Graduate School no later than***

***10 working days before the proposed Oral Defense date.***

**Student Information**

**Student Name:** Enter Student’s Name **Student ID:** Enter ID Number

**Semester Entered:** Semester **Year Entered:** Year

**Program:** Enter Program **Date Advanced to Candidacy:** Enter Date

**Complete Dissertation Title:** Enter dissertation title

**Time:** Time **Date:** Select Date **Location:** Location

**Approvals**

**Defending Student**: Student’s Name Approval Date: Select Approval Date  
\*I understand that the Oral Defense is open to all members of the University community and the University or The Graduate School may publicize information about my Oral Defense in appropriate public spaces. An abstract of the dissertation may also be distributed.

**Committee Chair**: Committee Chair’s Name Approval Date: Select Approval Date  
\*I certify that the dissertation draft is of sufficient merit to warrant holding the Oral Defense.

**Director of Doctoral Program/Dept. Chair**: Director/Chair’s Name Approval Date: Select Approval Date

**Thesis and Dissertation Coordinator**: Enter Name Approval Date: Select Approval Date

The following individual is appointed by the Thesis and Dissertation Coordinator as the Graduate Faculty Representative to attend the Oral Defense:Enter Name

Please complete this form and direct any questions to The Graduate School (GradForms@uttyler.edu)

\*\* This form is not to be submitted by the student. \*\*