

TO: OFFICE OF GRADUATE PROGRAMS, Crawford 302, (321) 674-8137

Submit NO LATER THAN 14 days before defense/examination

FROM _____
Department/Program

Approval Signature of Department Head/Program Chair (REQUIRED)

STUDENT NAME _____ ID NUMBER _____ MAJOR CODE _____ GPA _____

STUDENT PHONE _____ STUDENT E-MAIL _____

Do NOT use this form to announce proposal conferences, written preliminary, M.S. final program or Ph.D. comprehensive examinations.

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|---|--|---|--|---|
| <input type="checkbox"/> Ph.D. or DRP Defense | <input type="checkbox"/> M.S. Thesis/Design
Project/Portfolio | <input type="checkbox"/> M.S. Oral Final
Program Examination | <input type="checkbox"/> Ph.D. Oral
Comprehensive | <input type="checkbox"/> Ed.S. Final Program
Examination |
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TITLE OF DOCUMENT *(Please use initial capitalization so acronyms are easy to identify. Underline words to be italicized.)*

Please schedule during normal business hours: DATE _____ TIME _____ PLACE _____

Below, **TYPE/PRINT** committee members' names, using correct title (Dr., Mr., Ms., etc.) Signature are **not** necessary.

Committee Members:

Major Adviser _____ Dept./Prog. _____

Outside Member _____ Dept./Prog. _____

Other Committee Member _____ Dept./Prog. _____

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STUDENTS MUST PASS DEFENSE/EXAMINATION BY THE NEXT-TO-LAST MONDAY IN ORDER TO GRADUATE CURRENT TERM