



ORAL EXAMINATION/DEFENSE ANNOUNCEMENT

TO: Office of Graduate Programs, 321-674-8137, Academic Quad, Room 100

Submit NO LATER THAN 14 days before defense/examination

FROM _____ Academic Unit _____ 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 or written examinations of any type.

- Ph.D./D.B.A./Av.D./ or DRP Defense M.S. Thesis/Design Project/Portfolio M.S. Oral Final Program Examination Ph.D./D.B.A./Av.D. Oral Comprehensive Ed.S. Final Program Examination

TITLE OF DOCUMENT (Please use initial capitalization so acronyms are easy to identify. Underline words to be italicized.)

Empty box for title of document

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

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

Committee Members: Major Advisor, Outside Member, Other Committee Member, Dept./Prog. lines

FOR OFFICE USE ONLY Prep by, Wk of, SHADEGR, EM

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