



Declaration of Examination/Defense

Name _____ 9-digit ID _____ Net ID _____
Last First Middle

Degree: PhD EdS Masters

Major _____ Minor _____

Concentration _____

Examination Type: Comprehensive Preliminary Thesis Defense Dissertation Defense

Thesis/Dissertation Title _____

Examination Information Date of Exam/Defense _____

Time _____

Location (building and room number) _____

Typed / Printed Name

Signature

Student _____ Date _____

Graduate Coordinator _____ Date _____

Defense Notification: I certify that information regarding this thesis/dissertation defense (student name, academic program, thesis/dissertation title, defense date, time, and location) will be emailed to all faculty and graduate students in the defender's home department.

Typed / Printed Name

Signature

Major Professor _____ Date _____

This form must be sent electronically at least **two weeks prior** to the scheduled examination/defense date.

For OGS Use: Checklist for Graduate Dean Approval of Defense/Examination

- 3.00 GPA
- Current Enrollment
- Within 6 Hours of Completion, or in Last Semester (MS, EdS, PhD exam)
- All Coursework Complete (PhD defense)
- Within Time Limit
- Signed CAPP Compliance
- Continuous Enrollment
- Committee Form Attached

Approved _____ Date _____
Dean of the Graduate School