



## Request to Schedule Oral Defense

*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: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Semester Entered: \_\_\_\_\_ Year Entered: \_\_\_\_\_ Date Advanced to Candidacy: \_\_\_\_\_  
Program: \_\_\_\_\_ Department: \_\_\_\_\_  
Complete Dissertation Title: \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

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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.

Defending Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the dissertation draft is of sufficient merit to warrant holding the Oral Defense.

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Approvals

Director of Doctoral Program/Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Thesis and Dissertation Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

The following individual is appointed by the Thesis and Dissertation Coordinator as The Graduate School representative to attend the Oral Defense:

Please complete this form and direct any questions to The Graduate School at [GradForms@uttyler.edu](mailto:GradForms@uttyler.edu).

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