Form 5 M

FORMAL NOTICE OF FINAL ORAL DEFENSE OF MASTER'S THESIS

Candidate: _____ Department _____

Date of Defense: _____ Time: _____ Place: _____

Title of Dissertation: _____

_____

_____

_____

The signature of the member of the Examining committee signifies approval of the reader's copy and agreement to serve as an examiner on the stated date at the oral defense.

EXAMINERS: DATE:

1. _____ _____

2. _____ _____

3. _____ _____

_____ _____

Date Signature of Chairperson

_____ _____

Date Approved: Associate Dean of Graduate Division

Copies: Chairperson of Department
Mentor
Candidate
Readers