



Form 5

FORMAL NOTICE OF FINAL DOCTORAL ORAL DEFENSE

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. _____
4. _____
5. _____

- Manuscript prepared for publication review submitted to mentor.

Date

Signature of Chairperson

Date

Approved: Associate Dean of Graduate Division

Copies: Chairperson of Department
 Mentor
 Candidate
 Examiners