

TO: OFFICE OF GRADUATE PROGRAMS, Crawford 302, (321) 674-8137

Submit NO LATER THAN 14 days before defense/examination

FROM _____
Department/Program _____ Date _____ Approval Signature of Department Head/Program Chair (**REQUIRED**) _____ Date _____

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./DBA or DRP Defense M.S. Thesis/Design Project/Portfolio M.S. Oral Final Program Examination Ph.D./DBA 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.)

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 _____ Dept./Prog. _____

Outside Member _____ Dept./Prog. _____

Other Committee Member _____ Dept./Prog. _____

_____ Dept./Prog. _____

_____ Dept./Prog. _____

_____ Dept./Prog. _____

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