HAMPTON UNIVERSITY | *Graduate College*

Graduate College Counselor

REQUEST TO CONDUCT THE ORAL THESIS/DISSERTATION DEFENSE

Only fully completed forms will be processed

** A draft manuscript must be submitted to the Graduate College with this request form*

Name	Student ID # E-mail address
Current address (street, city, state and zip code) or primary	( ) Telephone number
Major (and concentration, if any)	Degree

Check one: Thesis ◯ Dissertation ◯

Thesis/Dissertation title

I request that the Hampton University Graduate College authorize the Chair of my advisory committee to conduct the formal oral defense of my thesis/dissertation on the following day :

Day , Date | Time | Building and Room

I understand that the final product of my thesis/dissertation copies (requested number, plus two; plus three if Nursing) are due to the Graduate College within 7 days of the above stated date. In addition, the date I am submitting this form is at least two weeks prior to the requested defense date.

Student Signature Date

I have reviewed a draft of the manuscript of the above-named student and find it to be satisfactory for the purposes of the oral presentation. I understand the student will have 7 days after the oral defense to make any corrections suggested by the advisory committee and submit the thesis/dissertation (5 copies) in final form to the Graduate College.

Committee Chair Signature Date

Program Coordinator's Signature Date ◯ Approved ◯ Denied

Department Chair's Signature Date ◯ Approved ◯ Denied

Academic Dean's Signature Date ◯ Approved ◯ Denied

FOR OFFICE USE ONLY

☐ Approved ☐ Denied

Dean, Graduate College Signature Date

Revised 9/2020