



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)	M.B.A.	M.A.
Check one: Thesis Dissertation	M.S.	M.T.
	D.P.T.	Ph.D.
_____ Degree		

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
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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
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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
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_____ Program Coordinator's Signature	_____ Date	Approved	Denied
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_____ Department Chair's Signature	_____ Date	Approved	Denied
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_____ Academic Dean's Signature	_____ Date	Approved	Denied
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FOR OFFICE USE ONLY	
Approved	Denied