

## 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.
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 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**

Dean, Graduate College Signature	Date	Approved	Denied
----------------------------------	------	----------	--------