

## Schedule of Oral Dissertation Defense and Examination

Arrangements for an Oral Dissertation Defense and Examination are the responsibility of the individual department or program. This form must be submitted to the GMS Registrar at least two weeks before the oral defense and examination, along with word doc of the approved abstract by the First Reader and Program Director/ Department Chair. All members of the Oral Examination Committee must be a GMS faculty member or have been granted a Special Service Appointment by the Associate Dean of GMS. The GMS office will distribute an electronic copy of the Schedule of Oral Dissertation Defense and Examination along with Examination forms to the Members & Chair of the Examination Committee.

Please fill in the below fields to complete the form.

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ BU ID#: \_\_\_\_\_

Program/Department: \_\_\_\_\_

### DISSERTATION DEFENSE INFORMATION

Dissertation Title: \_\_\_\_\_

Date of Defense: \_\_\_\_\_ Time: \_\_\_\_\_ Building/Address: \_\_\_\_\_

### ORAL EXAMINATION COMMITTEE INFORMATION

#### **Committee Chair**

Name: \_\_\_\_\_ Faculty Title: \_\_\_\_\_ Email: \_\_\_\_\_  
(example: John Doe, PhD)

#### **First Reader**

Name: \_\_\_\_\_ Faculty Title: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Second Reader**

Name: \_\_\_\_\_ Faculty Title: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Third Reader (optional)**

Name: \_\_\_\_\_ Faculty Title: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Additional Committee Member(s)**

Name: \_\_\_\_\_ Faculty Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Faculty Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Faculty Title: \_\_\_\_\_ Email: \_\_\_\_\_