

## REQUEST FOR FINAL DEFENSE AND ORAL EXAMINATION

Submit this form to the Graduate School Dean's Office 7 days prior to the date scheduled for the Final Oral. This form should be accompanied by one copy of the thesis/dissertation Abstract, Vita and CV. These documents may be submitted electronically to [YukerA@uthscsa.edu](mailto:YukerA@uthscsa.edu).

Check one: If M.S., check one:  
 M.S.  Manuscript  
 Ph.D.  Thesis

\_\_\_\_\_  
Name of candidate for degree

\_\_\_\_\_  
Graduate Program Discipline/Track (if applicable)

\_\_\_\_\_  
Title of Thesis/Dissertation

The **undersigned** Supervising Committee:

- 1) has judged the thesis/dissertation submitted by the candidate to be suitable for the purpose of the final oral examination;
- 2) agrees to participate in such examination on the thesis/dissertation and other subjects which the committee may consider relevant, and;
- 3) requests that the final oral examination be conducted on

\_\_\_\_\_  
Month, Date, Year Hour/Time Room No.  
(Scheduling of the room is done through Academic Scheduling, Student Services, ext. 7- 2657.)

\_\_\_\_\_  
Supervising Committee Chair Department

\_\_\_\_\_  
Member Department

\_\_\_\_\_  
Member Department

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Member Department

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Member Department

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Member Department

\_\_\_\_\_  
Discipline/Track Leader (if applicable) Date

\_\_\_\_\_  
COGS Chair Date

\_\_\_\_\_  
APPROVED BY GSBS DEAN Date