

**UNIVERSITY OF LOUISVILLE
GRADUATE SCHOOL**

Thesis/Dissertation Final Oral Examination Schedule

To: Dean of the Graduate School

Date: _____

Student Name: _____ **SS#:** _____
(or Employee I.D.)

Department: _____

Major Subject Field: _____

Degree: (circle one) MA, MS, Ph.D., Other (specify) _____

Title of Thesis or Dissertation:

Day, Date, & Time of Examination: _____

Place: _____

Principal Advisor: _____

Please submit this completed form no later than two weeks before the oral defense.

Department Chair

Date

Graduate Dean, Approval

Date