**FINAL ORAL EXAMINATION PERMISSION FORM**

Before a final oral examination (dissertation defense) date can be formally set, graduate students must obtain signatures from all members of their dissertation supervisory committee indicating that the dissertation has progressed sufficiently to be defended by the proposed date.

Steps to follow:

1. The Major Professor must sign this form indicating the reviewed dissertation and it is of sufficient quality to merit review by other committee members of the supervisory committee.
2. The student must provide the supervisory committee with a defense version of the dissertation and a copy of this form signed by the Major Professor.
3. Once the form is signed by the committee members, indicating defense may proceed; the form is to be returned to program administration; If this form is not approved by the committee members, the defense will be canceled.
4. Once permission is granted, the student will submit the defense version of the dissertation to the Graduate College, supervisory committee, and program administration. The student will then work with program administration to schedule the defense date, which will typically occur 4 weeks after the dissertation is forwarded to the Graduate College.

**Student’s Name:**

**Student ID#:**

**Proposed examination date:**

***\*It is highly recommended that students schedule their defense during the academic year.***

**Has your research been submitted for publication?** [ ]  Yes [ ]  No

 **if so, in what journal(s) and when?**

 **will dissertation be embargoed?** [ ] Yes [ ]  No

**Committee Signatures**

**Major Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Printed Name Signature**

**Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Signature**

**Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Signature**

**Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Signature**