



Please return this form to Peter Worthing, AddRan Associate Dean, in Scharbauer 2001
AT LEAST TWO WEEKS BEFORE THE DATE OF THE ORAL/DEFENSE OF THESIS/DISSERTATION.

SCHEDULING OF ORALS

ADDRAN COLLEGE

STUDENT NAME _____

LOCATION _____

DATE & TIME _____

DEGREE:

Ph.D. _____

MASTER'S _____

NON-THESIS _____

DEPARTMENT OF _____

Signature Director of Graduate Studies