

NORTHERN ILLINOIS UNIVERSITY
REQUEST FOR ORAL DEFENSE OF DISSERTATION

Date _____

NOTE: This form must reach the Graduate School **at least three weeks** prior to the examination date specified below

TO: Associate Dean of the Graduate School
Adams Hall

Department _____ Telephone number _____

Name of student _____

Major _____

Dissertation Title _____

Date and time of examination _____

Place of examination _____

Recommended committee members:

	Name (type or print)	Signature	Department
Committee Chair	_____	_____	_____

Chair's Telephone No. _____

Member	_____	_____	_____
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Member	_____	_____	_____
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Member	_____	_____	_____
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Member	_____	_____	_____
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Ex officio non-voting: Dean of the Graduate School

Approved _____ Date _____
(Chair of Department)

Dean's Designee _____
(To be filled in by the Graduate School)

Approved _____
(Dean of Graduate School) (Date)

*Indicates that signatory has read the dissertation and agrees to scheduling its defense. Does not indicate final approval.

*Note: One copy of the dissertation in defensible form must be received in the Graduate School at least three weeks prior to the examination.