



NOTE: Requires Adobe Acrobat to fill-in and sign

This form is due **AT LEAST** two weeks prior to the date of the examination. Use this form to schedule graduate examinations/ defenses for masters and doctoral programs. See the instruction sheet for information on filling out this form.

Student Name: Student Number:

Degree/Program

Type of Examination: (Check One)
 Master's Thesis Defense (Plan I)
 Master's Non-Thesis (Plan II)
Choose one of the following:
 Project Report Comp Exam

Doctoral-Comprehensive Examination
 Doctoral-Thesis Defense

How many doctoral dissertation credits appear on the transcript, up to and including the defense semester? (Only Doctoral-Thesis Defense)

Date of Exam: Time of Exam: Room Number:

Thesis Title: (Only Master's Thesis and PhD Final Defense)

Thesis Advisor: (Master's Thesis and all PhDs)

Examination Committee (type names, no signatures):

Faculty Name	Program Affiliation
Chair: <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you are a PhD student completing your thesis defense, you must obtain your chairperson's signature, approving the date of your defense.
Thesis Chairperson: Date:

ALL students must obtain the signature of their graduate program director and administrator, approving the above information.

Grad. Prog. Admin: (Anschutz only) Date:

Grad. Prog. Director: Date:



DECLARATION OF ORIGINAL WORK

I affirm that all work in this document is my original work. Further, I confirm that all writing is my own writing. Work from others has been cited appropriately.

Student Signature

Date