NORFOLK STATE UNIVERSITY

SCHOOL OF GRADUATE STUDIES AND RESEARCH

THESIS/DISSERTATION DEFENSE

We	see	the	future	in you.	

Name			
Degree			
Title			
Chair			
Date _	Time	Location	

All NSU faculty, staff, and students are invited to attend ABSTRACT

SCHOOL OF GRADUATE STUDIES AND RESEARCH **REQUEST TO SCHEDULE FINAL ORAL DEFENSE MEETING**

This document attests to the following student's readiness to hold a final defense meeting for his/her thesis/dissertation.

Student Name

I hereby give the above student permission to submit his/her proposal to the committee for review and approval to schedule a final defense meeting.

Chair Signature

The following committee members are attesting that they have reviewed the above student's thesis/dissertation and agree that it is ready for final defense meeting:

Member Signature

Member Signature

Member Signature

Member Signature

This form **MUST** be signed by **ALL** committee members and submitted to School of Graduate Studies and Research at least 5 business days before the scheduled final defense to facilitate the widest possible dissemination of the notice of defense. Individual programs may require more time for notification. Consult with the Program coordinator for the policy within your program.

Date

Date

Program

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Date

Date

Date