

We see the future in you.

## SCHOOL OF GRADUATE STUDIES AND RESEARCH

## THESIS/DISSERTATION DEFENSE

re 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

Date

Date

Date

NORFOLK STATE UNIVERSITY We see the future in you.

Program