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## **Request for Final Oral Examination**

riist:		Last.			ID:
Thesis or Dissertati	ion Title.				
The committee members of the applicant for the			MS	PhD	Degree are:
				1 - 1 - 2	
	Proposed D	ate & Location fo	r the Ora	I Examination	1
Date:	Time:	Building: Room			oom:
Names (Print)			Please type your name if you don't have electronic Signature		
Major Professor					
Major Professor					
Department Head					
College Dean					
Dean of Graduate Scl	hool				

## **Special Note**

After the oral examination, the candidate may have to perform additional work in the fulfillment of requirements toward the completion of Thesis/Dissertation assignments. Check the Academic Calendar for established deadlines, and the Graduate School web page for requirements/forms. Updates

TU GRAD-010 Revised July 2023