

Notification of Final Oral Defense

For the Doctoral Degree | College of Business Administration | University of Nebraska-Lincoln

INSTRUCTIONS

Complete this form and have it signed by your department's PhD Director and the Associate Dean for Graduate Programs & Research. One signed copy to the student file in CBA Graduate Office, one to Department and one to student.

All information must be typed.

STUDENT AND PROGRAM INFORMATION

Candidate's Full Name _____ NU ID Number _____

Department _____

Dissertation Chair _____

Dissertation Title _____

Schedule and Distribution

Scheduled Oral Defense: _____
Time _____ *Date* _____ *Location* _____

Date of Notice (minimum two weeks advance notice required): _____

Distribution of Thesis e-mail Posted to Website
(Check chosen method)

Signatures

Associate Dean for Graduate Programs & Research _____
Signature _____ date _____

Department PhD Director _____
Signature _____ date _____