



Announcement of Oral Defense

Return completed form to:
Graduate School
501 Carnell Hall
1803 N. Broad St.
Phila., PA 19122
Fax 215-204-8781

STUDENT INFORMATION

SSN _____ - _____ - _____ Email _____

Name _____
Last First M.I.

Current Address _____
Street City State Zip

Home Telephone () _____ - _____

Degree Information

College _____ Program _____ Degree _____

The final oral examination for the above Candidate is scheduled for:

_____/_____/_____
Date Day Time

Place

Dissertation Title

Committee Members

Committee Member: _____

Committee Member: _____

Committee Member: _____
(List additional Committee Members on reverse)

External Reader: _____

Dissertation Advisory Committee Chair: _____

Examining Committee Chair: _____