School of Graduate Studies
Louisiana State University Health Sciences Center
Shreveport, Louisiana 71130

REQUEST FOR DISSERTATION / THESIS DEFENSE AND FINAL EXAMINATION

This completed form and a copy of the Dissertation / Thesis Abstract must be received by the Graduate School **two weeks prior to the defense date.** Copies of the Dissertation / Thesis must also be circulated to the examining committee at that time.

Type Requested Information Date: _____

Candidate: _____ Department: _____
Last First Initial

Schedule:

Date: _____ Time: _____ ■A.M □P.M. Location: Rm # _____ Bldg. _____

Major Field: _____ Minor Field: _____

Degree: ☐ M.S. ■ Ph.D. If Ph.D., Date of Preliminary Examination: _____

If M.S. will this serve as Preliminary Examination for Ph.D.? ☐ Yes ☐ No

If Yes, a REPORT OF PRELIMINARY EXAMINATION must be filed with the Graduate School.

Dissertation / Thesis Title:

RECOMMENDED DEFENSE / EXAMINATION COMMITTEE

Type Name	Signature	Department
	Advisor	

APPROVALS:

_____ Date: _____
Department Head

_____ Date: _____
Dean of Graduate School