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Master's and Doctoral Defense Notification Form

This form must be completed and submitted to SharePoint at least 3 weeks before your defense

Important note: ONLY documents submitted via SharePoint will be accepted. No handwritten forms will be accepted.

☐ Master's		☐ Doctoral			Enrollment Requirement:	
Semester of Graduation: \Box Fa	ıll	Summer	Year		Is this student enro required 3 hours (thesis) or 8000 (d this semest	s of 6000 issertation)
Student Information:	in Spring	Summer			YES	NO
Student R Number						
Last Name						
Address						
City	State Zip	Code	Country			
Daytime phone number		Email Address_				
Degree Information:						
Degree Sought: M.A. M.S.	S. MM/ MMED	DMA EdD	$\square_{\operatorname{PhD}}$	Other (specify)		
Major:	WWILD					
Day and Date of Examination:		Time:	Bui	lding and Room N	No:	
Committee Information: *Please clear	rly indicate if your committee me	ember is not TTU faculty by pu	utting (EXT) next to t	heir name. All external memb	pers must be approved by	the Graduate School.
	ly indicate if your committee me				pers must be approved by	the Graduate School.
	Department name,	Mailstop, Phone n	umber and I			_
Chair (include	Department name,	Mailstop, Phone n	number and E	Email)		For Graduate School
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