



Northern Illinois University

Request for Oral Defense of Thesis

Date _____

TO: Dean of the Graduate School
Adams Hall

Department _____

Program _____

Student _____

ZID _____

Thesis Title

Date and time of examination _____

Place of examination _____

Approved Committee Members:

	Print Name	Signature
Committee Chair		
Co-Chair or Member (Circle One)		
Member		
Member		
Member		

Ex officio non-voting: Dean of the Graduate School

Approved _____
Chair of Department/Director of School

_____ Date

Approved _____
Dean of the Graduate School

_____ Date

Signatures indicate that the committee member has read the thesis and agrees to schedule a defense. Signatures do not indicate final approval