



Please return this form to Peter Worthing, AddRan Associate Dean, in Scharbauer 2001  
**AT LEAST TWO WEEKS BEFORE THE DATE OF THE ORAL/DEFENSE OF THESIS/DISSERTATION.**

## SCHEDULING OF ORALS

ADDRAN COLLEGE

STUDENT NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE & TIME \_\_\_\_\_

DEGREE:

Ph.D. \_\_\_\_\_

MASTER'S \_\_\_\_\_

NON-THESIS \_\_\_\_\_

DEPARTMENT OF \_\_\_\_\_

\_\_\_\_\_  
Signature Director of Graduate Studies