FINAL ORAL EXAMINATION REQUEST FORM
DOCTORAL DEGREE
NOTIFICATION OF DISSERTATION DEFENSE

(Please fill out this form and return to the Graduate Secretary in the School of Music Office as soon as your final doctoral examination has been scheduled)

Doctoral Candidate _____

Current Address _____
Street **City** **State** **Zip**

KSU Banner ID_____

TITLE OF DISSERTATION: _____

_____

_____

_____

DISSERTATION DIRECTOR: _____

COMMITTEE MEMBERS: _____

_____

_____

_____

_____

GRADUATE FACULTY REPRESENTATIVE: _____

MODERATOR: _____

DATE AND TIME: _____

LOCATION OF DEFENSE: _____