

OAKLAND UNIVERSITY
School of Engineering and Computer Science

Request to Schedule
MASTERS THESIS DEFENSE*

This form must be completed and filed with the Department Chair at least **two** weeks in advance of the requested examination date**.

Date _____

Candidate's Name _____ Student No. _____

Date and Time of Examination _____

Location of Examination _____

Title of Thesis _____

Committee Approval:

Chair (TAC) _____
(date)

Member _____
(date)

Member _____
(date)

Department Chair _____
(date)

*Following a successful defense of the thesis, a bound copy of the thesis, in addition to those required by the Graduate Office, must be submitted to the Department Chair's office.

** It is the responsibility of the Chair of the Thesis Advisory Committee (TAC) to ensure that a notice of this examination is given to the Department's Office to be published at least **two** weeks prior to the examination.

C: Dean, Graduate School
 Chair, Thesis Advisory Committee (TAC)
 Chair, Department

Oakland University
School of Engineering and Computer Science

Result of Master's Thesis Defense

Student name _____ Student # _____
Exam date: _____

Grade*	Signature / Date	Remarks
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_____	Chair, TAC _____	date _____
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_____	Member TAC _____	date _____
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_____	Member TAC _____	date _____
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Cumulative result of the examination Pass/Fail _____ Grade: _____

Chair, TAC _____	(date)	Department Chair _____	(date)
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* **P = Pass** (grade ≥ 3.0); **F = Fail** (grade ≤ 3.0), see remarks; **DD = Delayed Decision.**
Should make necessary changes before thesis is accepted. See remarks.

cc: Graduate School
Chair, TAC
Department Chair