Ohio University

College of Health Sciences and Professions

Arrangements for the Oral Thesis Examination/Dissertation Defense

This form is to be filed in the College Office at least 14 days before the date of the oral examination of the thesis/dissertation defense. Please notify the College Office if any change in arrangements is made.

Name:	
PID Number:	
Current Address:	
Electronic Mail Address:	
Exact title of thesis/dissertation:	
Names of the members of the oral thesis examination	/dissertation committee:
Thesis/Dissertation Director Name	Signature/Date
Committee Member 2 Name	Signature/Date
Committee Member 3 Name	Signature/Date
Committee Member 4 Name	Signature/Date
Committee Member 5 Name (Dean's Representative - Dissertation Only)	
Note to Chair/Student: It is the responsibility of the student to confirm the availability of each committee member prior to scheduling the Oral Examination.	
Examination: Date:	
Time:	
Place:	
·	st be in the hands of your committee 14 days before the date of Approval of date and time of the oral examination:
	Sally Marion-Fetty, Senior Associate Dean College of Health Sciences and Professions Date

Original goes to Grover Center W372, Sally Marinellie, Senior Associate Dean, for signature. The completed form will be scanned and emailed to committee members, department/school academic file, and student.