**University of North Dakota Graduate School**
**414 Twamley – 264 Centennial Drive Stop 8178 - Grand Forks, ND 58202-8178**
**Phone (701) 777-2784; 1-800-CALL-UND (ext 2784) ; Fax (701) 777-3619**

# NOTICE OF MASTER'S THESIS DEFENSE

Date: _____

Student's Name _____ Student ID # _____
E-Mail _____ Phone #: _____
Graduate Program _____ Degree Sought _____

Exact title of thesis:

**This notice along with the Preliminary Approval form** must be submitted to the Graduate School at least **two weeks** prior to the scheduled oral examination date and on or before the Preliminary Approval deadline listed in the Dates & Deadlines each semester and in the UND academic catalog.

Date: _____

Time: _____

Building: _____

Room: _____

**Signatures Required:**

_____
Committee Chairperson Date

_____
Graduate Program Director Date

_____
Department Chair Date

(rev3 2012)