
NOTICE OF MASTER'S THESIS DEFENSE

Date: _____

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

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.

Exact title of thesis: _____

Date: _____

Time: _____

Building: _____

Room: _____

Signatures Required:

Committee Chairperson Date

Graduate Program Director Date

Note: Committee Chair and Graduate Director:
Please notify your department Chair and other interested parties of this defense.