Graduate Education
UNIVERSITY OF COLORADO **DENVER**

Request for Graduate Examination/Thesis Defense

This form is due AT LEAST two weeks prior to the date of the examination.

Student Name: _____ Student Number: _____

Degree/Program _____

Type of Examination: (Check One)

- ○ Master's Thesis Defense (Plan I)
- ○ Master's Non-Thesis (Plan II)
  Choose one of the following:
  - ○ Project ○ Report ○ Comp Exam
- ○ Doctoral-Comprehensive Examination
- ○ Doctoral-Thesis Defense

Date of Exam: _____ Time of Exam: _____ Room Number: _____

Thesis Title:
(Only Master's Thesis and PhD Final Defense)

Thesis Advisor:
(Master's Thesis and all PhDs)

Examination Committee (type names, no signatures):

	Faculty Name	**Program Affiliation**
Chair:		

ALL students must obtain the signature of their graduate program director, approving the above information.

Grad. Prog. Director: _____ Date: _____