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 **one week** 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

(rev5 07)