



Northern Illinois University

### Request for Oral Defense of Thesis

**TO:** Dean of the Graduate School  
Williston Hall

**Date** \_\_\_\_\_

Department \_\_\_\_\_

Program \_\_\_\_\_

Student \_\_\_\_\_

ZID \_\_\_\_\_

Thesis Title

Date and time of examination \_\_\_\_\_

Place of examination \_\_\_\_\_

**Approved Committee Members:**

	Print Name	Signature
Committee Chair		
Co-Chair or Member (Circle One)		
Member		
Member		
Member		

Ex officio non-voting: Dean of the Graduate School

Approved \_\_\_\_\_  
Chair of Department/Director of School

\_\_\_\_\_ Date

Approved \_\_\_\_\_  
Dean of the Graduate School

\_\_\_\_\_ Date

Signatures indicate that the committee member has read the thesis and agrees to schedule a defense. Signatures do not indicate final approval