



### Ph.D. Final Oral Defense Committee Appointment and Schedule: D4

This form is to be filed with the Graduate Studies Office at least four (4) weeks prior to the final defense. The committee must consist of at least five members, with at least three members who must be currently tenured or tenure-track Drexel faculty members. At least two of the committee members must be from outside the student's primary specialization area. At least one of the committee members must be from outside the student's department, preferably from outside the university. *Effective September 1<sup>st</sup>, 2008, full-time non-tenure track Research Faculty are also be eligible to serve on the Final Oral Defense Committee, including as the Committee Chair.*

<b>Student Information</b>		
Name of Student: _____	Student ID Number: _____	Drexel E-mail Address: _____
<b>Appointment of the following persons to serve on the Ph.D. Final Defense Committee is hereby requested.</b> <b>If the committee is different from the original in Form D-3, please state the reason(s) for the change.</b>		
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. (Dissertation Chair) _____  2. _____  3. _____  4. _____  5. _____  6. _____ </div> <div style="width: 50%;"> Department _____  Department _____  Department _____  Department _____  Department _____  Department _____ </div> </div>		
Date, hour and place of examination: _____ Research Topic or Thesis Title: _____ <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		

<b>Authorizations</b>	
Student _____	Date: _____
Dissertation Chair/Supervising Professor _____	Date : _____
Co-Supervising Professor (if applicable) _____	Date : _____
Department Graduate Advisor _____	Date : _____
Office of Graduate Studies: _____	Date: _____