

Return this form to:

Office of Graduate Education

Mary Reed Building, Room 5
2199 S. University Blvd. Denver, CO 80208
Phone 303-871-2706 | Fax 303-871-4942
gradservices@du.edu

Thesis/Dissertation Oral Defense Committee Recommendation Form

This form should be submitted to the Office of Graduate Education as soon as the proposal has been approved or 30 days following IRB submission but no later than the first day of the quarter in which the student expects to complete the degree.

Student Information	Ctudent ID #	Data
	Student ID #: Last	Date:
	Email address:	:
Thesis/Dissertation Informa	tion	Proposal Approval Date:
•	on Title:	
IRB submission and determi		
 Does the dissertation/t 	thesis include human and/or animal subjects?	Yes No
• Was there a protocol o	r IRB determination? Yes, #	No
	determination, please justify	
Oral Defense Committee Cha	ir	
	Rank	Denartment
	ommittee Chair is at this time, please list the name above	
	the Office of Graduate Education at least four (4) weeks p	
Thesis/Dissertation Director		
Faculty Name	Rank	Department
	e or research faculty member of the candidate's graduate	
_	serve as the director with approval of the department/pro	ogram chair and dean/designee.
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Date: _

Processed by Office of Graduate Education: ___