MISSISSIPPI STATE UNIVERSITY - GRADUATE SCHOOL
DECLARATION OF EXAMINATION/DEFENSE

Student: _____
(Last) (First) (M.I.) MSU ID (9-digit)

Degree: PhD ☐ EdS ☐ Master's ☐

Major/Concentration: _____

Minor (if applicable): _____

Examination Type: Comprehensive ☐ Preliminary ☐ Thesis Defense ☐ Dissertation Defense ☐

Thesis/Dissertation Title: _____

Examination Information **Date:** _____

Time: _____

Location (building and room number): _____

Graduate Coordinator (name printed): _____

Defense Notification: I certify that information regarding this thesis/dissertation defense (student name, academic program, thesis/dissertation title, defense date, time, and location) has been emailed to all faculty and graduate students in the defender's home department.

Major Professor: _____
Printed Name Signature Date

This form and a copy of the email announcement email must be sent electronically at least **two weeks prior** to the scheduled date to pps9@grad.msstate.edu or kgriffin@grad.msstate.edu.

FOR OGS USE: Checklist for Graduate Dean Approval of Defense/Examination

3.00 GPA ☐
Current enrollment ☐
Within 6 hours of completion or in last semester ☐
Met time limit ☐
CAPP compliance ☐
Continuous registration ☐
Committee form attached ☐
Email announcement attached ☐

Approved: _____
Dean of the Graduate School **Date**

Revised: 6/20/17