



Graduate School

UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

Request for Graduate Examination/Thesis Defense

This form is due **AT LEAST** two weeks prior to the date of the examination. See the instruction sheet for information on filling out this form.

Student Name: Student Number:

Degree/Program

Type of Examination:
(Check One)

Master's Thesis Defense (Plan I)
 Master's Non-Thesis (Plan II)
Choose one of the following:
 Project Report Comp Exam

Doctoral-Comprehensive Examination
 Doctoral-Thesis Defense

Date of Exam:

Time of Exam:

Room Number:

Examination Committee (type names, no signatures):

Faculty Name

Program Affiliation

Chair: <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

ALL students must obtain the signature of their graduate program director, approving the above information.

Grad. Prog. Director:

Date: