

Request for the Announcement of Master's Thesis/Clinical Project Oral Defense

Department of Human Development and
Family Science
University of Georgia

Please submit this form to the Graduate Program Assistant at least 2 weeks before the scheduled exam date.

Student Name: _____

ID # (810): _____

Exam Date: _____

Exam Start Time: _____

Location: _____

Title of Thesis: _____

Major Professor's Name: _____

Committee Members: _____
