

# Appendix E: Request for the Announcement of Master's 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: \_\_\_\_\_

The program of study has been approved by the advisory committee. Any changes must be approved by the advisory committee.

<b>Major Professor (Name and Signature):</b>	<b>Date</b>

<b>Committee Member (Name and Signature):</b>	<b>Date</b>

<b>Graduate Coordinator (Name and Signature):</b>	<b>Date</b>

Copies of this form are to be distributed to the major professor, the department head, and the graduate program assistant.

*Revised Oct 2023*