

Oral Defense Arrangement

This form is to be filed with the Office of Graduate Studies taken into consideration the Graduate Policy in **chapter 13 "Supervision and Examination Committee"** (<http://www.qu.edu.qa/research/graduate-studies/current-students/graduate-academics>)

Please notify the Associate Dean Office is any change in arrangements is made.

STUDENT'S INFORMATION	
Full Student's Name: _____	QU ID: _____
Current Address: _____	E-mail Address: _____
Exact Title of Thesis/Dissertation: _____	

ORAL THESIS/DISSERTATION EXAMINATION COMMITTEE		
<i>*Note: All members must have read and evaluated the thesis/dissertation</i>		
Title	Full Name	Signature
Thesis/Dissertation Supervisor		
Committee Member 2		
Committee Member 3		
Committee Member 4		
Committee Member 5		
Office of Graduate Studies Representative		

Note to Chair: It is the responsibility of the chair to confirm the availability of each committee member prior to scheduling the Oral Examination

EXAMINATION DETAILS	
Examination Date:	
Examination Place:	
Examination Time:	

-----For Official Use Only-----

Approval of date and time of the oral examination

Associate Dean of Research and Graduate Studies

Note: Original Copy will be kept with the college. The associate Dean's Office is responsible for making and forwarding copies to committee members, and the office of Graduate Studies before 14 days.