



# EAST TENNESSEE STATE UNIVERSITY

## School of Graduate Studies

Box 70720  
Johnson City, TN 37614-1710  
(423) 439-4221 phone or (423) 439-5624 fax

### MEMORANDUM OF ORAL DEFENSE

**TO:** School of Graduate Studies  
**FROM:** \_\_\_\_\_  
**SUBJECT:** Notification of Oral Examination for Thesis or Dissertation and Graduate Faculty Representative

**DATE:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Degree: \_\_\_\_\_ Dept. Campus Box: \_\_\_\_\_  
Date of Exam: \_\_\_\_\_ Time: \_\_\_\_\_  
Building: \_\_\_\_\_ Room #: \_\_\_\_\_

Chair, Advisory Committee

Phone

Fax Number

#### Important Information

The department is responsible for sending a copy of the student's abstract to Graduate Faculty Representative (Outside Observer) at least **ten days** before the defense. **In case of cancellation, the department is responsible for notifying the Graduate Faculty Representative and the appropriate Graduate Studies Liaison.**

The Graduate Faculty Representative is not considered a part of the examining committee, does not vote, but must complete the **NARRATIVE REPORT** form and return it to the School of Graduate Studies immediately upon completion of the exam.

#### - For Graduate Studies Use Only -

The Graduate Faculty Representative is: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Box: \_\_\_\_\_ Fax \_\_\_\_\_

Graduate Program Liaison Phone E-Mail

Scheduled By: \_\_\_\_\_ Date: \_\_\_\_\_