

MS - Request to Schedule Oral Defense
Electrical Engineering/Computer Science Dept.

GRADUATE SCHOOL – Campus Box 4 TWO DIFFERENT SIGNATURES REQUIRED:

_____ **Date** _____
Submitted by: Committee Chair / Dept. Chair

_____ **Date** _____
Graduate Coordinator / Dept. Chair

Permission is requested to hold the MS Thesis oral defense for:

_____, *myWSU ID* _____
a candidate for the degree of Master of Science in
Electrical Engineering
Computer Networking
Computer Science

Exam Date: _____
Time: _____
Location: _____

Print Name of Committee Chair: _____, Box _____
Print Name of Outside Member: _____, Box _____
Print Names of Other Committee Members: _____, Box _____
_____, Box _____
_____, Box _____
_____, Box _____

The Oral Defense Examination

- The defense examination is a public oral examination normally lasting about two hours, at which the candidate presents and defends the dissertation or thesis.
- The defense examination is chaired by the student’s major adviser.
- The candidate provides a manuscript to the committee members at least two weeks in advance of the oral exam date.
- All members of the examining committee (or substitutes appointed by the Dean of the Graduate School) must be present throughout the examination.
- One negative vote cast by a committee member (including substitutes) may occur and the candidate would still be considered as having passed the oral examination. A negative vote cast by the committee chair would mean the student failed the oral examination.
- A failed oral defense may be retaken based on departmental guidelines.
- The Graduate Dean’s representative on the committee (outside member) completes the attached oral exam evaluation form after the exam has been held and returns it to the Graduate School.

Oral exam definition and process approved by Graduate Council, Spring, 2006.

For Graduate School Use Only:

Permission to schedule oral defense is _____ Approved * _____ Denied **

Reasons for Action:

Student is currently enrolled in research hours _____ Yes _____ No
Committee meets configuration requirements _____ Yes _____ No

Comments: _____

Signature: _____ Date _____

Graduate Dean

* Copies mailed to committee members

** Request returned to chair