

SHUTTLE SHEET REQUEST FORM
(MUST BE SUBMITTED 2 WEEKS PRIOR TO DATE OF DEFENSE)

TO: Health Sciences Center Graduate Programs Office
2271 Health Sciences South
PO Box 9024
Morgantown, WV 26506-9024

FROM: _____
Student's Committee Chairperson _____
Date

The following student is anticipating graduation at the end of this semester or summer session. The student's committee below has previously been approved. Scheduling of the research defense is indicated below:

STUDENT'S NAME: _____ WVU ID#: _____

DEGREE: MS: _____ PhD: _____ MPH: _____ DNP: _____ MSN: _____ MHS: _____

GRADUATE PROGRAM: _____

EXAMINATION DATE: _____

TIME: _____

PLACE-BLDG: _____

PROGRAM: PLEASE CHECK BELOW

____ Dissertation ____ Thesis ____ Paper ____ Practicum ____ Course Work Only

Title of Research Project: _____

GRADUATE STUDENT RESEARCH ADVISORY COMMITTEE:

All members have received draft copies of the thesis/dissertation/paper/practicum and agree to participate in this defense.

Signatures of Grad. Student Research Advisory Committee: Names typed:

Chairperson

This student has fulfilled all program specific requirements. **THE GRADUATE PROGRAM REQUIREMENT FOR THE DISSERTATION DEFENSE OF A FIRST-AUTHOR PUBLICATION (PUBLISHED OR IN PRESS) HAS BEEN MET.** This student is now approved to defend his/her dissertation/thesis/paper/practicum.

Graduate Program Director

Assistant VP for Graduate Education

NOTE: No examination is to be given without **all** committee members present. (Contact this office for substitutions if needed for the defense). Student must be registered the semester he/she is to graduate.

Revised: 01/2013