



STEPHEN F. AUSTIN STATE UNIVERSITY
GRADUATE SCHOOL

Application for Dissertation Examination

Name _____ Date _____
SID _____

Graduate Major _____ Degree Program _____

Title of
Dissertation _____

This will certify that the above-named student has been approved to be examined over the above titled dissertation.

Date requested for the exam: _____
Time: _____ Bldg. and Room: _____

Typed Name:	Signature	
Major Professor	_____	Date _____
Committee Member	_____	Date _____
Committee Member	_____	Date _____
Committee Member	_____	Date _____
Graduate School Rep. (if needed)	_____	Date _____
Academic Unit Head	_____	Date _____
Dean	_____	Date _____
Dr. Pauline Sampson Dean of Research and Graduate Studies	_____	Date _____