Form #8

BASIC MEDICAL SCIENCES GRADUATE PROGRAM
APPLICATION FOR OPEN DEFENSE OF DISSERTATION

Student: _____

Department: _____

Date for Open Defense [1]: _____

The undersigned members of this student's dissertation committee have approved the Dissertation to be submitted to the Graduate Faculty of the University of South Alabama and the candidate's Closed Defense of Dissertation in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Basic Medical Sciences.

		Approval [2]:
_____		yes____ no____
Major Professor	Date	
_____		yes____ no____
Committee Member	Date	
_____		yes____ no____
Committee Member	Date	
_____		yes____ no____
Committee Member	Date	
_____		yes____ no____
Committee Member	Date	
_____		yes____ no____
Committee Member	Date	

AUTHORIZATION:

_____ _____
Department Head/Program Director Date

_____ _____
Director, BMS Graduate Program Date

Date received in Basic Medical Sciences Graduate Office[1]:_____

[1]This application must be in the Graduate Office at least two weeks in advance of Date for Open Defense in order to prepare for room scheduling and announcements.
[2]Those members disapproving should present their concerns in writing.