

AUTHORIZATION FOR PH.D. ORAL EXAMINATION

Note: To assure time for planning and announcing this event, this form MUST be filed with the Office of Graduate Theological Education at least **one week prior to the date** of the oral examination.

CANDIDATE'S NAME: _____

THESIS TITLE: _____

DATE OF ORAL EXAMINATION: _____

CHAIR OF EXAMINATION: _____

(Associate Dean—Graduate Theological Education or person appointed by the associate dean):

We have read the thesis and agree to proceed to the oral defense:

Adviser's signature Date: _____

Reader's signature Date: _____

Reader's signature Date: _____

A copy of the dissertation has been placed on reserve in the seminary library:

Librarian Date: _____

I authorize the oral examination to be held:

Associate Dean—Graduate Theological Education Date: _____