



Department of Linguistics

Franklin College of Arts and Sciences

UNIVERSITY OF GEORGIA

Defense/Exam Scheduling Form

This form is to be filled out by Graduate Students to schedule a defense or exam with the Department of Linguistics. If you have any questions about this form, please contact the Graduate Coordinator Assistant.

Student Information

Please fill out your student and committee information below.

Name: _____ UGA ID#: _____

Email: _____@uga.edu Degree: MA PhD

Major Professor: _____

Committee Members: _____

Defense/Exam Information

Please select the type of defense/exam you would like scheduled and include the date, time and location requested. If you choose to have your defense/exam in Gilbert Hall 141, Department of Linguistics administrators will be responsible for scheduling the room and adding it to the departmental calendar.

Dissertation Defense (PhD Only)

Thesis Defense (MA Only)

MA Non-Thesis Exam

Comprehensive Exam 1 Oral Written

Comprehensive Exam 2 Oral Written

Qualifying Paper #1 Defense

Qualifying Paper #2 Defense

Date: _____ Time: _____ Location: _____

Approval of Defense/Exam

This form will need to be signed by the student, major professor, and Department of Linguistics administrators. If you are unable to get a signature from your major professor, please have them email the Graduate Coordinator Assistant with their approval of the defense/exam.

Student Signature: _____

Major Professor Signature: _____

Administrator Signature: _____