

**Drexel University**  
**Office of Graduate Studies**  
**Ph.D. Final Oral Defense Committee Appointment and Schedule**  
**Form D-6**

This form is to be filed with the Graduate Studies Office at least four (4) weeks prior to the final defense. The committee must consist of at least five members, at least three of whom must be currently tenured or tenure-track Drexel faculty members. At least two of the committee members must be from outside the student's primary specialization area. At least one of the committee members must be from outside the student's department, preferably from outside the university. *Effective September 1, 2008, full-time non-tenure track Research Faculty will also be eligible to serve on the Final Oral Defense Committee, including as the Committee Chair.*

**Student Name (Last, First, Middle)** \_\_\_\_\_

**Student ID#** \_\_\_\_\_

Appointment of the following persons to serve on the Ph.D. Final Defense Committee is hereby requested. If the committee is different from the original in Form D-5, please state the reason(s) for the change.

1. Committee Chair \_\_\_\_\_ Dept. \_\_\_\_\_
2. \_\_\_\_\_ Dept. \_\_\_\_\_
3. \_\_\_\_\_ Dept. \_\_\_\_\_
4. \_\_\_\_\_ Dept. \_\_\_\_\_
5. \_\_\_\_\_ Dept. \_\_\_\_\_
6. \_\_\_\_\_ Dept. \_\_\_\_\_

**Date, hour and place of examination:** \_\_\_\_\_

**Research Topic or Thesis Title:** \_\_\_\_\_

\_\_\_\_\_

**Signatures:**

**Date:**

Student \_\_\_\_\_

Supervising Professor \_\_\_\_\_

Co-Supervising Professor \_\_\_\_\_

Department Graduate Advisor \_\_\_\_\_

**Approval:**

Office of Graduate Studies \_\_\_\_\_