

Student Name: _____ UFID _____ - _____

Oral Defense of MAT/MST Thesis Examination

Requirements: The oral Defense of MS Thesis Examination takes place no earlier than the term prior to the term of graduation and must be passed prior to submission of the thesis.

Attendance: At least two appropriate graduate faculty members must be present, including all supervisory committee members. Any member other than the chair of the supervisory committee may video conference into the Examination, if necessary.

If you add or change committee members after the original committee is formed, a change of committee form is required and all members of the committee must sign the new form affirming that they are in agreement with the changes made to the supervisory committee. If deletions are made to the committee, the member who is being removed must provide written consent (email is acceptable) that they are aware of being removed from the committee. The form should then be taken to the graduate coordinator for signature of approval. Finally, it should be turned into the graduate secretary to be submitted electronically. This process should be completed well before any oral examination, and in particular, before the midpoint of the term of graduation.

Scheduling: Oral examinations are typically scheduled for an hour and a half. It is the student's responsibility to arrange a time when all committee members can meet. Upon agreement on a suitable time, the student should arrange with the graduate secretary to have a room reserved for the examination and provide the information requested below.

Please note that the Department of Mathematics requires that an announcement of the oral examination form be filed five (5) business days before the date of the examination. The graduate secretary will use the information you provide below to fill out this form.

Printed Name of Supervisory Committee Chair: _____

Signature of Supervisory Committee Chair: _____

Area of Specialization: (e.g. Algebra/Group Theory): _____

Proposed Title of MS Thesis: _____

Proposed Date of Examination: _____ Proposed Time: _____ Location: ☐ In-person
(room will be assigned by staff) ☐ Via Zoom ☐ Hybrid (both)

Please include Zoom Link Below if Applicable:

Proposed Month and Year of Graduation: _____ Date Form Submitted: _____

Signature of Student: _____

Scheduling guidelines are subject to change by department and graduate school
