

UNIVERSITY OF MARYLAND
College of Education
Graduate Studies

ORAL DEFENSE ANNOUNCEMENT

*RETURN THIS FORM TO YOUR DEPARTMENT OFFICE PRIOR TO YOUR DEFENSE.
PLEASE CHECK WITH YOUR DEPARTMENT FOR THEIR DEADLINE.*

STUDENT NAME: _____

ADVISOR NAME: _____

TITLE OF DISSERTATION: _____

DATE OF DEFENSE: _____

TIME: _____

LOCATION OF DEFENSE: _____