

Elizabeth City State University
Office of Graduate Education
Graduate Thesis/Product of Learning: Defense Scheduling Application

Student Information

Student ID Number

Date

Legal First Name

Legal Middle Name

Legal Last Name

Permanent Address: Number and Street or Route and Box Number

City

State

Zip Code

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Telephone

E-Mail

Academic Information

Degree Sought

Major

Department

School

Title of Thesis/Product of Learning

Oral Defense

Date

Building/Place/Room

Time

Signatures

Date

Candidate's First and Last Name

Signature of Candidate

Date

Committee Chair's
First and Last Name

Signature of Committee
Chair