

**Drexel University**  
**Office of Research and 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.

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

**Social Security #** \_\_\_\_\_

Appointment of the following persons to serve on the Ph.D. Final Defense Committee is hereby requested:

- |                    |       |             |
|--------------------|-------|-------------|
| 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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The signatures below indicate Review and Approval by the following individuals/offices. Final approved copies will be distributed by the Graduate Studies Office to all signers.

|                                         |       | Date  |
|-----------------------------------------|-------|-------|
| Student                                 | _____ | _____ |
| Supervising Professor                   | _____ | _____ |
| Co-Supervising Professor (if named)     | _____ | _____ |
| Program Advisor                         | _____ | _____ |
| Office of Research and Graduate Studies | _____ | _____ |