

Department of Rehabilitation Sciences  
College of Allied Health  
University of Oklahoma Health Sciences Center

Request for Approval of Doctoral Thesis Defense

Name of student:

Date:

Area of specialization:    musculoskeletal    pediatrics

Title of project:

Faculty advisor:

Expected date of graduation:

The members of this student’s doctoral thesis committee acknowledge receipt of the reading copy. The committee has read and determined the project meets the standards for the program. The committee accepts the reading copy; however, the student may be required to make changes and corrections.

Our signatures below indicate we agree to the following date, time, and location for the defense:

Date:

Time:

Location:

Committee Member’s Name	Committee Member’s Signature	Institution/Department
Chair:		