UNIVERSITY OF KENTUCKY
The Graduate School

NOTIFICATION OF INTENT TO SCHEDULE A FINAL DOCTORAL EXAMINATION

NAME: _____ **SOCIAL SECURITY #**: _____/____/_____
Last First M.I.

CURRENT ADDRESS: _____

E-MAIL ADDRESS: _____ **TELEPHONE #**: _____

PROGRAM: _____ **DATE OF REQUEST**: _____

MAJOR PROFESSOR: _____ **E-MAIL ADDRESS**: _____

DEFENSE DATE: _____ **(CONSULT WITH OUTSIDE EXAMINER BEFORE FINALIZING DATE)**
(2 WEEK RANGE REQUIRED)

DISSERTATION TITLE: _____
(REQUIRED)

_____

OUTSIDE EXAMINER SUGGESTIONS: _____ _____
(INDIVIDUALS OR PROGRAMS)

_____ _____

NOTIFY DGS ASSISTANT OF ASSIGNMENT: ☐ **YES** ☐ **NO** **E-MAIL ADDRESS**: _____

SIGNATURE: _____
Director of Graduate Studies

06/05

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