

Approval Form for Final Oral Examination

Office of Research and Doctoral Studies ▪ 82 Washington Square East, 5th Floor, NY, NY 10003-6680 ▪ (212) 998-5044

Student Information

<input type="radio"/> Ms <input type="radio"/> Mr			N
	First Name	Last Name	ID Number
Street Address		City	State Zip
Daytime Telephone			
Department	Program	Email Address	Evening Telephone

The dissertation of the above-named student is submitted herewith to the Office of Research and Doctoral Studies. Our signatures below attest to our judgment that the student has met our requirements for the dissertation which we now approve, not only for examination purposes, but also as a satisfactorily-completed research document. Furthermore, we have agreed to the tentative date and time for the Final Oral Examination indicated below

Chair Signature	Chair Name
Member Signature	Member Name
Member Signature	Member Name

For dissertation submission **deadline dates** and final oral examination periods, consult the calendar on line at http://steinhardt.nyu.edu/policies_doctoral/deadlines or contact the Office of Research and Doctoral Studies. **Final oral examinations may be held only within these designated periods.** Please indicate the date and time upon which you have agreed **below**.

Date for Final Oral Examination

	Start Time	<input type="radio"/> am <input type="radio"/> pm	End Time	<input type="radio"/> am <input type="radio"/> pm
Final Oral Examination Date	Indicate a 2-hour time block beginning no earlier than 9:30 am and ending no later than 5:30 pm			

The agreed-upon date above is tentative and is contingent upon the candidate's completion of all degree and matriculation maintenance requirements.

To The Office of the University Registrar

For NYUSteinhardt Office of Research and Doctoral Studies Use Only	In accordance with the regulations, the dissertation of the student named above is herewith filed as approved for examination purposes.		
	Approval Signature		Date