**BSU-CA-AS FORM 07**

(Revised August 2022)

**APPLICATION FOR DEFENSE and QUALIFYING/COMPREHENSIVE EXAMINATION**

**INSTRUCTIONS**: File this application at the OAS Office at **LEAST TEN (10) WORKING DAYS** prior to the date of Examination/Defense.

**I.D. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Family Name, Given Name Middle Name)**

**Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| Total no. of Thesis/Dissertation units enrolled: (Including during this semester/term) \_\_\_\_\_\_\_\_\_ | Re-enrolled (if already enrolled the required number of units: 6 units, for Master’s; 12 units, for PhD). |
| Subjectscurrentlyenrolled: |  COURSE CODE TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Type of Examination/ Defense**: **(Please put check mark)** |  Qualifying Examination |  Proposal Defense (Thesis/Dissertation) |
|  |  Comprehensive Examination  |  Final Defense (Thesis/Dissertation) |

**NOTE:** For Proposal or Final defense, 1) indicate the title of thesis/dissertation and 2) furnish each Advisory Committee member, the Adviser, and the Graduate School a copy of the proposal or final draft. For Comprehensive Examination, must have completed 100% of all the academic requirements including the Graduate Seminar (and refresher course if applicable) of the degree program.

Title of Thesis/Dissertation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Examination/Defense\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Time slots are for two hours.

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| --- | --- | --- | --- |
| **Time slot of Exam/defense**: **(Please put check mark)** |  8:00-10:00am |  1:00-3:00pm |  5:00-7:00pm |
|  |  10:00am-12:00pm |  3:00-5:00pm |  Others:\_\_\_\_\_\_\_\_\_ |

Please Check the CA- OAS Bulletin Board Schedule for the Defense/Examination availability.

Place of Examination: **College of Agriculture**

 Name and Signature of Student

**RECOMMENDING APPROVAL:**

Name of Member of Advisory Committee Signature

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

Printed Name & Signature of Adviser/Committee Chairperson

**NOTED:**

**APPROVED:**

**CONSTANTINO T. SUDAYPAN**

College Dean

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_

**LYNN J. TALKASEN**

Advanced Studies Coordinator

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_