

Emory University
Department of Women's, Gender, and Sexuality Studies

HONORS THESIS ORAL DEFENSE SCHEDULE

SUBMISSION DEADLINE: April 1

NAME _____

STUDENT ID # _____

CAMPUS or LOCAL ADDRESS _____

EMAIL _____ PHONE _____

HONORS ADVISOR _____

TITLE OF PROJECT _____

Please initial to indicate your agreement:

_____ I have submitted my completed thesis to my thesis committee members.

_____ I have scheduled an oral defense of my thesis for _____ (date/time) in
_____ (room). (See the WGSS Undergraduate Coordinator for help reserving a
space).

_____ I understand that this schedule defense will proceed only with my advisor's approval.

Signature of Student

Date

Signature of Honors Advisor

Date