

SHUTTLE SHEET REQUEST FORM

(MUST BE SUBMITTED 2 TO 3 WEEKS PRIOR TO DATE OF DEFENSE)

TO: Health Sciences Graduate Programs Office  
2271 Health Sciences South  
PO Box 9024  
Morgantown, WV 26506-9024

FROM: \_\_\_\_\_  
(Student's Chairperson) (Date)

The following student is anticipating graduation at the end of this semester or summer session. Please check the record and send a shuttle sheet to this office if degree requirements are met.

The student's committee below has previously been approved. All members have received draft copies of the thesis or dissertation, and scheduling of final examination is required below:

STUDENT'S NAME: \_\_\_\_\_ WVU\_ID# \_\_\_\_\_

DEGREE: MS \_\_\_\_\_ PhD \_\_\_\_\_  
(Major Field) (Major Field)

EXAMINATION DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
PLACE-BLDG: \_\_\_\_\_

PROGRAM: PLEASE CHECK BELOW

\_\_\_ Dissertation \_\_\_ Thesis \_\_\_ Paper \_\_\_ Practicum \_\_\_ Course Work Only

TITLE OF ( ) Dissertation ( ) Paper ( ) Thesis \_\_\_\_\_

COMMITTEE: (List chairperson last)

Name Typed

Signature of Agreement to the Above

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

(Dissertation Chairperson)

(Thesis or Paper Chairperson)

NOTE: No examination is to be given without all committee members present. (Contact this office for substitutions if needed for the defense). Student must be registered the semester he/she is to graduate. Student must complete application for graduation and diploma form and submit to this office early in the semester he/she is to graduate.