

**University of South Florida  
College of Education  
Graduate Support Office  
Dissertation Final Defense Guidelines**

|                        |                  |              |
|------------------------|------------------|--------------|
| <b>Name:</b>           | <b>U-Number:</b> | <b>Date:</b> |
| <b>Degree Program:</b> |                  |              |

Please answer each of the following questions:

- |  | YES | NO |
|--|-----|----|
| 1. Have you completed all program requirements?  | YES | NO |
| 2. Are you currently registered for at least 2 hours of dissertation credit in the semester in which you will defend your dissertation?  | YES | NO |
| 3. Has there been a change (resignation, addition of new member, replacement of an existing member) on your committee?   | YES | NO |
| a. If yes, have you submitted a committee change form showing all changes on your committee to reflect the current composition of your committee as listed on your "Request for Final Oral Defense Form"?  | YES | NO |
| 4. Will all committee member be physically present at your final oral defense?   | YES | NO |
| If No, Explain:  |     |    |
|  |     |    |
| 5. Have you applied for graduation (online via your Oasis account) by the deadline for the semester in which you plan to graduate?   | YES | NO |
| 6. Have you registered on the USF Office of Graduate Studies ETD Website regarding completion of your Thesis or Dissertation?  | YES | NO |
| Check the office of Graduate Studies ETD Website for deadline dates, electronic submission of your Thesis of Dissertation and the ETD process at <a href="https://www.usf.edu/graduate-studies/students/electronic-thesis-dissertation/index.aspx">https://www.usf.edu/graduate-studies/students/electronic-thesis-dissertation/index.aspx</a> |     |    |
| 7. Have you completed the IRB training, and is you certificate filed with the Associate Dean for Graduate Education?   | YES | NO |

**If you answered no to any of the above questions, you may not be approved for oral examination.**

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**Student Signature**

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**Phone Number/Day**