This form notifies the Pardee School that your advisor has read your MA Paper and has approved it for an Oral Defense. Complete and submit this form by the posted deadline. The form must be signed by your advisor prior to submission.

Student Name: ________________________________ Date: __________

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Advisor Name: ________________________________

Advisor Department: ________________________________

Advisor Phone: ________________________________

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(Advisor phone and email are necessary only if the advisor is not in the Pardee School.)

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Advisor Signature (if approved): ________________________________ Date: __________

Last modified: 8/15/2014