Bemidji State University

School of Graduate Studies Bemidji State University #48 1500 Birchmont Drive NE Bemidji, MN 56601-2699 grad@bemidjstate.edu Phone: 1-218-755-2027

Form 4B - Notification of Final Defense/Oral Examination

Student Name:				
Title of Paper:				
Student ID#:	Date:			
Current E-mail:				
Please print the names of each member your final oral exam committee in the spaces provided.				
Advisor (Committee Chair)	Member			
Member	Member (Optional)			
My electronic signature below attests that I was provided with a copy of the Master's Thesis/Graduate				
Research paper written by the student, that I have read the paper and that I have provided a reaction and/				
or recommendations to the candidate prior to this final submission.				
Advisor (Committee Chair):	Date:			
-				
Committee Member:	Date:			
Committee Member:	Date:			

Please return this completed form to the School of Graduate Studies, grad@bemidjistate.edu.