9/2/19

FLORIDA STATE UNIVERSITY

ASKEW SCHOOL OF PUBLIC ADMINISTRATION AND POLICY

Prospectus Defense Scheduling Form

Date

Student Name **FSUID** **EMPLID:**

Semester and Year of Prelim Exam

Major Professor **Major Professor Signature** **Prospectus Defense Date and Time**

Notes: **Prospectus Defense Location**

Ph.D. Director Signature

Academic Program Specialist Signature

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