



University of West Florida
School of Allied Health and Life Sciences
Master of Science in Administration – Biomedical/Pharmaceutical
INTERNSHIP ORAL DEFENSE SCHEDULING FORM

STUDENT NAME

UWF ID #

STUDENT EMAIL

Students who intend to schedule their Internship Oral Defense for the MSA-Biomedical/Pharmaceutical degree must complete the items below and submit this form to the Director of the School of Allied Health and Life Sciences, Dr. George Stewart, Building 58, 11000 University Parkway, Pensacola, FL 32514 or fax to (850) 474-2749. The defense will be scheduled within two months of the request. Students who fail to meet this requirement within two months will not be eligible to defend until the following semester. Students attempting to graduate in a specific semester must schedule their defense at least one month prior to the end of that semester. Students within UWF's geographic area (residence within 50 miles of UWF) must complete the defense requirement at UWF. Students outside the geographic area of UWF must complete the defense using Web conferencing. Webcam expenses are the responsibility of the student. Software to engage in Web conferencing is available free of charge, and inexpensive Webcams can be utilized with this service. Students will also be required to show photo identification prior to the defense, using a UWF-issued Nautilus card.

SEMESTER/YEAR OF DEFENSE REQUEST

TODAY'S DATE

WITHIN UWF'S GEOGRAPHIC AREA: YES \_\_\_ NO \_\_\_

PREFERRED DATES/TIMES (INDICATE AT LEAST 3 POSSIBLE DATES/TIMES):

(1) DATE/TIME

(2) DATE/TIME

(3) DATE/TIME

MATERIALS: Please bring the items indicated below with you to the internship defense.

Two forms of identification (ID) required:

- One form of identification must be a UWF-issued Nautilus card with an embedded photo.
A second form of identification may be photo, or non-photo, such as:
- a government issued identification card (e.g., driver's license or passport)
- debit or credit card matching the exact name on the UWF Nautilus card
- Please note: Social security cards are not acceptable for identification.

FOR DEPARTMENTAL USE ONLY

Permission: Granted \_\_\_ Denied \_\_\_
Within UWF's Geographic Area: Yes \_\_\_ No \_\_\_
Comments:

APPROVAL SIGNATURES:

SAHLS DIRECTOR

DATE

MSA-BIOMED/PHARM FACULTY ADVISOR

DATE