

SCHEDULE FOR THESIS DEFENSE

THE FORM MUST BE FILED WITH THE COLLEGE OF GRADUATE STUDIES

TWO WEEKS PRIOR TO THE THESIS DEFENSE

Name _____ SSN or UIN _____

Email Address _____ Phone Number _____

Address _____

Date of Presentation _____ Time _____ Location _____

Proposed Thesis Title _____

By my signature, I acknowledge that I received the completed thesis document at least two weeks prior to the scheduled thesis defense and I agree to attend the defense as scheduled above.

Thesis Committee Chair _____

Thesis Committee Member _____

Thesis Committee Member _____

Thesis Committee Member _____

Thesis Committee Member _____

Dean, College of Graduate Studies

Date

COPIES OF THIS FORM ARE TO BE SENT TO THE CHAIR OF THE THESIS COMMITTEE AND PLACED IN THE STUDENT'S FILE.