



Thesis/Dissertation Defense Schedule Form

Date: _____

Name: _____

Student ID: _____ Email Address: _____

Thesis Defense
Dissertation Defense
IRB/IACUC/IBC Protocol Number (if applicable) _____

Title of Thesis/Dissertation: _____

Date of Presentation: _____ Time: _____ Location: _____

This form must be filed with the College of Graduate Studies at least 10 working days prior to the presentation. The signatures below indicate the defense document has been submitted to the committee and student/committee agree to defense date/time.

Student	Type Name	Date
Committee Chair	Type Name	Date
Committee Member	Type Name	Date
Committee Member	Type Name	Date
Committee Member	Type Name	Date
Department Head	Type Name	Date

Submit this form to the College of Graduate Studies (T-0350).

For COGS Use Only

__ Student/Chair Notified	Date _____
__ COGS Rep. Assigned	Name _____
__ Sent to Research Compliance if Thesis/Dissertation Defense	Date _____

For OSP Use Only

__ Date Verified Initials _____ Date _____