



Request for Dissertation/Thesis Defense and Final Examination

This form must be received by the School of Graduate Studies two weeks prior to your defense date. Copies of your Dissertation/Thesis must also be circulated to the examining committee two weeks prior to the defense date.

Please Type Requested Information

Date _____

Candidate _____
Last First Initial

Department _____

Schedule ▶ Date _____ Time _____ a.m. p.m.

Location ▶ Room # _____ Building _____

Degree MS PhD Date of Preliminary Examination _____

Dissertation/Thesis Title

Recommended Defense/Examination Committee

Name	Department
<i>(Advisor)</i>	

Approvals

Signature of Department Head Date _____

Signature of Dean of the School of Graduate Studies Date _____