



REQUEST TO SCHEDULE FINAL DEFENSE

IMPORTANT: Prior to presentation of defense, this form should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies, copied for the department or program file, and submitted electronically to the Graduate School no later than two weeks prior to exam.

TO: Associate Dean of the Graduate School

This is to inform you that

_____ (Student's Name)

_____ (Student's I.D. Number)

in _____ (Department/Program)

with _____ (Dissertation Adviser)

Is adviser a member of the Ph.D. committee? Yes No

is scheduled to defend his/her dissertation

on _____ (Date)

at _____ (Time)

in/at _____ (Location)

Expected date of Graduation: _____

Title of Dissertation: _____

Members of the Committee

Please Type Name:

Department:

_____, Chair _____

Director of Graduate Studies:

_____ Signature

_____ Date

_____ Printed Name