

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 <u>signed by the Director of Graduate Studies</u>, copied for the department or program file, and submitted electronically to the Graduate School HERE no later than two weeks prior to exam.

This is to inform you that				
	(Student's Name)			
	(Student's I.D. Number)			
	in			
	(Department/Progr	ram)		
	with (Dissertation Adv	:com		
	Is adviser a member of the Ph.D. committee? Yes			No
is scheduled to defend his	/her dissertation			
on		at		
(Date)		(Time)		
in/at	.)			
(Location	1)			
Expected date of Graduation	on:			
Γitle of Dissertation:				
		Department:		
Members of the Committee				
Members of the Committee	<u> </u>			
Members of the Committee	<u> </u>			
Members of the Committee	<u> </u>			
Members of the Committee	<u> </u>			
Members of the Committee	<u> </u>			
Members of the Committee	<u> </u>			
Members of the Committee Please Type Name:	, Chair			
Title of Dissertation: Members of the Committee Please Type Name: Director of Graduate Studi	, Chair		Date	

Printed Name