



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 forwarded to the Graduate School, 117 Alumni Hall, 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 scheduled to defend his/her dissertation

on _____ (Date)

at _____ (Time)

in/at _____ (Location)

Title of Dissertation: _____

Members of the Committee

Please Type Name:

Department:

_____ , Chair	_____
_____	_____
_____	_____
_____	_____
_____	_____

Director of Graduate Studies: _____ Signature _____ Date _____

Printed Name