

Thesis Defense Scheduling Form

This form must be filed with the Department no later than one week before the scheduled defense date. The abstract of the thesis must be attached to this form and will be copied and distributed to all faculty members prior to the defense.

Today's Date _____

Student's Name _____

Contact Phone Number _____

Contact email address _____

Faculty Advisor (print) _____ (sign) _____

Title of Defense Presentation (print) _____

Date of Defense _____

Time of Defense _____

Location (Building and Room Number) _____