



# 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 adviser a member of the 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