



# 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