



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 Advisor)

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