

Dissertation Defense Information Sheet
(Please fill out and return to Cyerra in Rm. 202 VAN)

Name: _____ **Univ ID:** _____

Degree sought: [] M.S. [] Ph.D.

Research Advisor _____

Expected semester of graduation (MS or PhD): _____

Degree Sought: [] MS degree; [] PhD degree

Thesis Title: _____

Committee Members: (three required for M.S.; four for Ph.D.)

(1) _____ (Chair) (2) _____

(3) _____ (4)* _____

(5)* _____ (*PhD candidate only)

Department/University of Outside Member _____

Proposed date of the defense if known (if not yet scheduled, please indicated the planned month, but let me know at least 3 weeks before exam):

_____ (weekday) _____ (date) _____ (time) _____ (room)

Candidate's signature

Date

/

Advisor's signature

Date