Dissertation Defense Information Sheet
(Please fill out and return to Jeanne 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.; five 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)