



## Thesis/Dissertation Defense Schedule Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Thesis Defense

Dissertation Defense

IRB/IACUC/IBC Protocol Number (if applicable) \_\_\_\_\_

Title of Thesis/Dissertation: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

*This form must be filed with the College of Graduate Studies at least 10 working days prior to the presentation. The signatures below indicate the defense document has been submitted to the committee and student/committee agree to defense date/time.*

_____ Student	_____ Type Name	_____ Date
_____ Committee Chair	_____ Type Name	_____ Date
_____ Committee Member	_____ Type Name	_____ Date
_____ Committee Member	_____ Type Name	_____ Date
_____ Committee Member	_____ Type Name	_____ Date
_____ Department Head	_____ Type Name	_____ Date

Submit this form to the College of Graduate Studies (T-0350).

**For COGS Use Only**

____ Student/Chair Notified	Date _____
____ COGS Rep. Assigned	Name _____
____ Sent to Research Compliance	Date _____
if Thesis/Dissertation Defense	

**For OSP Use Only**

\_\_\_\_ Date Verified    Initials \_\_\_\_\_    Date \_\_\_\_\_