

Request to Proceed with Final Defense

The College of Graduate Studies recommends this form submitted two weeks prior to the defense of your thesis to allow ample time for processing graduation requirements. Doctoral candidates are **required** to submit this form at least **10 working days** prior to the defense. After submission of this form, you will be given the "FINAL DEFENSE REPORT" form that the committee will use to indicate the results of the defense.

NAME OF STUDENT	VANDAL ID#	
DEGREE	MAJOR	
The thesis/dissertation of the above by the signatures shown below, an All committee members must be p	nd permission is hereby given to	
MAJOR PROFESSOR		
CO-MAJOR PROFESSOR (if applicable)	Printed name	Signature
COMMITTEE MEMBERS	Printed name	Signature
	Printed name	Signature
TITLE OF THESIS/DISSERTATION	ON (Please print clearly)	
LOCATION OF DEFENSE		
DATE and TIME OF DEFENSE_		
dissertation. This is in addition to ot	equired during the semester a stu- ther credits in which a student ma	dent defends and/or submits a thesis or y be registered
	E OF GRADUATE STUDIES OFF	
	Form issuedto student	-
Kepository Agreeme	entAnnouncement sent to	UI Communications