ASU GRADUATE College
ARIZONA STATE UNIVERSITY

Doctoral Defense Schedule Form
(Dissertation or Equivalent)

This completed form must be submitted to the Graduate College with the following items ten working days (usually two weeks, however, you must allow additional time for scheduled university holidays) before the scheduled oral defense:

1. One complete copy of the dissertation.
2. One *Format Approval Sheet*, signed by the committee chair.
3. One copy of the journal or style guide used for format (if you did not use APA, Chicago, MLA, or Turabian as a style guide).

Complete the attached *Survey of Earned Doctorates.* (Complete instructions are available from the Graduate College, 480/965-3521 or online at http://graduate.asu.edu/forms)

Will you be completing an internship after your scheduled defense that will postpone your graduation to a future semester?
☐ Yes ☒ No

Please print or type

STUDENT NAME (LAST, FIRST, MIDDLE)	ASU I.D. NO.
Krishna, Sreekar	1000733518

DEGREE	MAJOR
PhD	Electrical Engineering
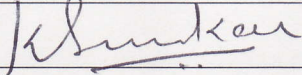
PROPOSED EXAMINATION SCHEDULE

DATE	TIME	BUILDING	ROOM NUMBER
Feb 4, 2011	9:30 am	BYENG	380
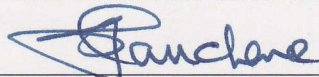
SUPERVISORY COMMITTEE

NAME (Dr./Prof., first name, middle initial, last name)	ACADEMIC UNIT	MAIL CODE
CHAIR or CO-CHAIR Sethuraman Panchanathan	Computer Sci./Electrical Eng.	7205
CO-CHAIR (if applicable)		
MEMBER Baoxin Li	Computer Sci./Electrical Eng.	8809
MEMBER Gang Qian	Electrical Eng./AME	8709
MEMBER Michelle Shiota	Psychology	1104
MEMBER John Black	Computer Sci.	8809
MEMBER		

I am applying to schedule a final oral defense of my dissertation/research paper. I certify that I have passed any comprehensive or foreign language exams required and have filed an approved Program of Study with the Graduate College. I understand that doctoral dissertation defenses are open to all members of the university community, and the university may publicize information including my name, degree and major, and the date/time/location of my oral defense in appropriate public spaces.

STUDENT SIGNATURE	DATE 12/15/10	DAYTIME PHONE NUMBER 480 326 6334
ADDRESS (NO., STREET, APT.) 5005 W. Chicago Cir N	CITY, STATE, ZIP Chandler AZ 85226	

As Chair of the Supervisory Committee, I recommend that this defense be scheduled as above and verify that the document is ready for format approval and defense. All committee members have been notified and are available at the scheduled time.

SIGNATURE OF CHAIR/CO-CHAIR (only one signature is required)	12/15/10 DATE

TO BE COMPLETED BY THE GRADUATE COLLEGE

☐ Current enrollment
☐ Timelines
☐ Candidacy
☐ Exams
☐ Approved committee
☐ *Survey of Earned Doctorates* (Ph.D. and DMA students only)
☐ Program of Study
　○ Name check
　○ POS expiration check
☐ Format Approval Sheet
☐ Applied for graduation

CG- 2010-09-16