
CSCE 4 Schedule Final Defense

Please Print

Student Name: _____

Student ID Number: _____ MS **PhD** (Circle One)

Date of Request for Defense: _____

Time and Location of Defense: _____

Title of Thesis/Dissertation: _____

The room has been reserved: Yes No

I have emailed abstract to Graduate Secretary: Yes No

Committee Member

Date Final Manuscript Received

Signature

1. _____
(Examination Chair)

2. _____
(Major Advisor)

3. _____

4. _____

5. _____
(Outside Member, PhD)

Student Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE

Date **CSE 4** Form Received: _____ Abstract Received: _____

Announcement Emailed: _____

Announcement Posted on Bulletin Board: _____

Graduate Secretary