I. STUDENT INFORMATION (PLEASE PRINT CLEARLY)
Name: ____________________________________________________________

Local Address: ________________________________________________________________________________________________

Local Phone: ____________________________

E-Mail Address: ________________________________________________________________________________________________

Major: ____________________________ College: ____________________________

II. THESIS INFORMATION
Thesis Title: ________________________________________________________________________________________________

Thesis Advisor(s): ____________________________

III. DEFENSE INFORMATION
Date: ________________ Time: ______________________________
(You must schedule at least 2.5 hours for the defense)
Room and Building: ________________________________________________________________________________________________

Advisor
Print Name ____________________________ Signature ____________________________ Date ____________________________

*Co-Advisor
Print Name ____________________________ Signature ____________________________ Date ____________________________

Signing this form indicates an affirmation that the student should be ready to defend her/his thesis on the proposed date.

................................................ For office use only................................................

Dean ____________________________ Date ____________________________