I. STUDENT INFORMATION (PLEASE PRINT CLEARLY)
Name: ___________________________________________________________
Local Address: _______________________________________________________________________
Local Phone: ___________________ Student ID# _________________________________
E-Mail Address: _______________________________________________________________________
Major Department: __________________________ 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)
Place (Room/Building): _____________________________________________________________
Advisor ___________________________ Date ____________________________

*Co-Advisor ___________________________ 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 ____________________________