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 signature ___________________________ 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 __________________________