

**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 \_\_\_\_\_