REQUEST TO SCHEDULE MS/PhD ORAL DEFENSE

We, the undersigned, agree that ________________________________ has completed his/her MS/PhD ____________________ (thesis/ project report/dissertation) to the extent that we are all comfortable with the student scheduling their Oral Defense. We have all agreed that the following dates & times are acceptable:

____________________________________________________________________________

Reminder: The defense must be scheduled at least four weeks prior to planned certification date so that the event can be publicized at least two weeks prior to the defense date and that all steps necessary for certification can be completed on time.

The student must take this completed form, with abstract attached, to the ECE Dept. secretary who will schedule the defense at an acceptable time when the ECE Conf. room is available. The student should also email a copy of the abstract to the secretary once the date has been set.

Advisor: ____________________________________________ Date: _____________

Committee member: ____________________________________ Date: _____________

Committee member: ____________________________________ Date: _____________

Committee member: ____________________________________ Date: _____________

Committee member: ____________________________________ Date: _____________

For Department Use Only:

Scheduled Defense Date:_______________ Scheduled Defense Time:___________ Initials:_________