

**REQUEST TO SCHEDULE THESIS DEFENSE**

**Date** \_\_\_\_\_

**TO:** Dean of the Graduate School

**FROM:** \_\_\_\_\_  
Department Head (signature) Department

\_\_\_\_\_  
Name of Student T-Number

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

**The candidate has met all requirements for the degree except for the thesis.**

Chairman Committee \_\_\_\_\_  
Name Signature

Members of Committee:  
Graduate Faculty Name (Please Type or Print)

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

Title of Thesis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Examination Date: \_\_\_\_\_

Semester: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Action of Graduate Dean:

Approved  \_\_\_\_\_ Dean, The Graduate School