

MASTER'S THESIS DEFENSE REGISTRATION

Return completed form to the Graduate School Office (Ann 5-206) at least 4 weeks prior to Defense attn: Chrissie Kong
We reserve the right to cancel the Defense if not given the appropriate notification

| STUDENT INFORMATION | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-----------|
| Student Name (As it appears in the Graduate School records and will appear on the Diploma) | | | MTA: |
| DEFENSE INFORMATION | Date: | Time: | Location: |
| Dissertation Title (as accepted) | | | |
| Please provide on a separate sheet of paper a list (full citation) of all papers published, in-press, or submitted. If you do not have a first authored paper in these categories, please indicate publication plans explicitly below: | | | |
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| DISSERTATION DEFENSE COMMITTEE (PLEASE LIST) | | | |
| Committee Chair –Thesis Advisor:(type name below) | | Department: | |
| Committee Member: (type name below) | | Department: | |
| Committee Member: (type name below) | | Department: | |
| Committee Member: (type name below) | | Department: | |
| Committee Member : (type name below) | | Department: | |
| FACULTY SIGNATURES: | | | |
| Thesis Advisor: (type name) | Signature: | | Date: |
| <input type="checkbox"/> I certify that no member of the Defense Committee has been a collaborator on the student's project | | | |
| Graduate School (type name) | Signature: | | Date: |
| STUDENT SIGNATURE | | | Date: |
| | | | |

Registrar Processing : ISIS