

# THESIS DEFENSE SCHEDULING FORM

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Proposed Date and Time of Thesis Defense

This student has my permission to begin the four-week thesis review period. He/she has completed the research requirements for graduation, except for the final thesis document and defense. For the defense to occur on the date shown above, the thesis review forms and draft must be submitted to all thesis committee members on or before \_\_\_\_\_.

\_\_\_\_\_  
Thesis Advisor Name (Please Print)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Thesis Advisor Name (Please Print)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**Instructions for Student:** This form should be brought to the Student Office **before** distributing the thesis draft and review forms to your committee members.