



Master's and Doctoral Defense Notification Form

*****This form must be completed and submitted to SharePoint at least 3 weeks before your defense*****

Important note: ONLY documents submitted via SharePoint will be accepted. No handwritten forms will be accepted.

Master's

Doctoral

Semester of Graduation: Fall Spring Summer Year _____

Student Information:

Student R Number _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Daytime phone number _____ Email Address _____

Degree Information:

Degree Sought: M.A. M.S. MMA DMA EdD PhD Other (specify)

Major: _____

Day and Date of Examination: _____ Time: _____ Building and Room No: _____

Dissertation Title:

Committee Information:

Chair _____ (include Department name, Mailstop, Phone number and Email)

Committee member: _____ Committee member: _____

Committee member: _____ Committee member: _____

Committee member: _____ Committee member: _____

Student Signature: _____ Date: _____

Chairperson Signature: _____ Date: _____

Co-Chairperson Signature: _____ Date: _____

The following section should be completed by Doctoral Students (PhD and EdD Only)

Graduate Dean's Representative: _____

Department: _____ Telephone: _____ MS: _____