



# 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.  MM/  
MMED  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: \_\_\_\_\_