

ORAL THESIS DEFENSE CHECK SHEET

Name: _____ UID: _____

Requested Defense Date: ____/____/____

Estimated # Guests: _____.

Thesis Committee Members (5):

1. _____ (Reader)

2. _____ (Reader)

3. _____ (Reader)

4. _____

5. _____

Thesis Title: _____.

_____ **For Department Use Only** _____

Preliminary Draft Submitted:

(3 weeks prior to Defense date): ____/____/____

Defense Scheduled: ____/____/____, Time: _____ Room:# _____

Final Draft Submitted:

(1 week prior to Defense date): ____/____/____

Confirmation Email to student sent: ____/____/____