

THESIS/DISSERTATION DEFENSE SCHEDULING FORM

Student's Name: _____

Banner ID (or last 4 digits): _____

Student's Email: _____

Program Level (e.g. Ph.D., M.S., etc.): _____

Academic Program: _____

Title of Thesis or Dissertation: _____

Defense Type (check box):

Master's Thesis Proposal

Doctoral Preliminary Examination (Proposal Defense)

Master's Thesis Final Defense

Doctoral Dissertation Final Defense

Defense Date, Time, and Location:

Defense Date: _____ Defense Time: _____ Defense Location: _____

Committee and Department Confirmation:

Committee Member Name	Department	Sign and Date
1. <i>Major Professor / Committee Chair</i>		
2.		
3.		
4.		
5.		
6. <i>Graduate College Faculty Representative (Doctoral Committees Only)</i>		

Department Chair or Graduate Coordinator
(Print Name)

Department Chair or Graduate
Coordinator Signature

Date

SUBMIT COMPLETED FORM TO
DR. SHEA BIGSBY (sbigsb@ncat.edu) FOR APPROVAL