

# 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 ([sbigsby@ncat.edu](mailto:sbigsby@ncat.edu)) FOR APPROVAL