**Thesis/Dissertation Defense Scheduling Form**

[Must be filed at least 2 weeks prior to the scheduled defense date. Please attach thesis/dissertation and external examiner’s CV.]

**To:** Graduate Program Coordinator Doctoral Masters

**From:** *Student Name:*  *Student ID:*

*Student Email* *Student Phone Number:*

**Dissertation Title:**

**Problem Statement:**

I have met the following requirements:

|  |  |  |
| --- | --- | --- |
| Passed Proposal Defense | Published peer-reviewed paper | Approved IRB Form |
| Completed all 5 chapters[[1]](#footnote-1) | Incorporated suggestions from the committee members in the research | |

The undersigned committee members have reviewed the dissertation and have agreed to attend the defense on:

**Defense Date: Time:**

**Student Signature Date**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Member** | **Name** | **Affiliation** | | **Date** | **Signature** | |
| Chair |  |  | |  |  | |
| External Examiner |  |  | |  |  | |
| Regular |  |  | |  |  | |
| Regular |  |  | |  |  | |
| Regular |  |  | |  |  | |
|  |  |  | |  |  | |
| **APPROVAL SIGNATURES** | | | | | | |
| Graduate Program Coordinator: | | | Signature: | | | Date: |
| Chair, Department of Computer Science | | | Signature: | | | Date: |

1. Refer to Dissertation and Thesis Handbook for format requirements. [↑](#footnote-ref-1)