

PhD Thesis Defense Scheduling Form

*This form must be submitted to the department Education Office, 54-912,
at least 2 weeks prior to the defense.*

NOTICE

Doctoral Dissertation Defense of Thesis Entitled:

by:

A public presentation of the thesis will be given by the candidate.

DATE: _____

TIME: _____

PREFERRED PLACE: _____

CHAIR OF THE DEFENSE: _____
(Prof. Name, MIT, EAPS)

THESIS COMMITTEE:
(Prof. Name, MIT, EAPS, Advisor) _____

(Prof./Dr. Name, School/Company) _____

(Prof./Dr. Name, School/Company) _____

(Prof./Dr. Name, School/Company) _____

Copies of the thesis may be obtained from the EAPS Education Office (54-912).

All interested faculty, staff and students are invited to attend.

*We certify that each thesis committee member has received a draft of the complete thesis and
has approved the scheduling of a formal defense.*

Advisor Name

Advisor Signature

Date