

SM 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

Masters Defense of Thesis Entitled:

by:

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

Private defense information:

DATE: _____

TIME: _____

Location Request: _____

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

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

(Prof. Name, MIT EAPS) _____

(Prof. Name, MIT EAPS) _____

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

All interested faculty, staff and students are invited to attend a public presentation, if the masters student chooses to hold one (not required for the Masters defense).

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

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