



Event Scheduling Form

Use this form to schedule:

☐ **Area Exam**

☐ **Dissertation Defense**

Please complete and return to the Graduate Studies Office at least 7 days prior to scheduled event. Signatures are required. Remember to provide your committee with a copy of the paper at least 7 days prior to the exam date.

NAME

last

first

Date

home address

office phone

home phone

PROSPECTUS/THESIS TITLE:

(Please print clearly)

DATE & TIME:

LOCATION:

(Please book room with appropriate personnel.)

Committee Members:

Name

Dept

Signature

(Chair/Advisor)

Comments: