Oral Defense Request Form

Please complete the following:

Today's Date: ____________

1. Name: _________________________ Student ID#: _________________________

2. Email: _________________________

3. Proposed Graduation Date: ____________

4. Title of Defense:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. Date of Defense: ____________ Secondary Date: ____________


7. Room preference: _________________________ Secondary Room: _________________________
   (A room will be assigned in any case)

8. Advisor: _________________________ Email: _________________________
   Committee: _________________________ Email: _________________________
   Email: _________________________ Email: _________________________

9. Have you submitted your report to TurnItIn.com? □ Yes □ No
   If no, provide the date of when it will be turned in: ____________

You will be notified, along with your advisor, via email when a room has been reserved and confirmed. A flyer will then be posted announcing your defense on the bulletin board in the hallway.