

**Request for Dissertation/Thesis Defense and Final Examination**

This completed form and a copy of your Dissertation/Thesis Abstract must be received by the School of Public Health two weeks prior to your defense date. Copies of your Dissertation/Thesis must also be circulated to the examining committee two weeks prior to the defense date.

Please Type Requested Information

Date _____

Candidate _____
Last First Initial Program _____Schedule ► Date _____ Time _____ ☐ a.m. ☐ p.m.

Location ► Room # _____ Building _____

Major field _____ Minor field _____

Degree ☐ MS ☐ PhD Date of Preliminary Examination _____If MS, will this serve as a Preliminary Examination for PhD? ☐ No ☐ Yes

► If yes, a report of Preliminary Examination must be filed with the School of Public Health. ◀

Dissertation/Thesis title _____

Recommended Defense/Examination Committee	
Name	Department
(Advisor)	

Approvals_____
Signature of Program Director Date __________
Signature of Dean of the School of Public Health Date _____