

MATERIALS SCIENCE AND ENGINEERING DEPARTMENT

REQUEST FOR FINAL DEFENSE FORM

NAME: _____ **ID:** _____

OFFICE ROOM AND PHONE: _____

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DATE AND TIME OF DEFENSE: _____

ROOM: _____

EXPECTED DATE OF DEPARTURE FROM MSE: _____

COMMITTEE MEMBERS:

Adviser: _____

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(Please include title)

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DISSERTATION/THESIS TITLE:

Please return to Jeannine Hall. Dissertation copies should be given to Committee Members TWO WEEKS in advance of Defense. If you need to change any information included on this form, contact Jeannine Hall.