

MATERIALS SCIENCE AND ENGINEERING DEPARTMENT

REQUEST FOR FINAL DEFENSE FORM

NAME: _____ **ID:** _____

OFFICE ROOM AND PHONE: _____

E-MAIL ADDRESS: _____

DATE AND TIME OF DEFENSE: _____

ROOM: _____

EXPECTED DATE OF DEPARTURE FROM MSE: _____

COMMITTEE MEMBERS:

Adviser: _____

Other MSE Members: _____

Outside Member: _____
(Please include title)

Department/Affiliation: _____

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.