



D.REQUEST TO SCHEDULE THESIS DEFENSE

IMPORTANT: Prior to presentation of defense, this form should signed by the Director of Graduate Studies, and a scanned copy provided to the Graduate School Office in DuBois Hall 206 to the attention of Marian Burns (mburns@fisk.edu)

TO: Dean of the Graduate School

This is to inform you that

(Student's Name)

(Student's I.D. Number)

in (Program)

with (Thesis Advisor)

is scheduled to defend his/her thesis

on (Date)

at (Time)

in/at (Location)

Title of Thesis:

Signatures MUST be obtained by all members of committee and the Director of Graduate Studies in the Program to allow setting of Thesis defense date !!

Please Type Name:

Discipline/Department:

Mentor and Chair

Signature lines for Mentor and Chair

Ex Officio

Signature lines for Ex Officio

Director of Graduate Studies:

Signature

Date

DGS, please send a copy of this form, once completed, to ccoca@fisk.edu.