



DEFENSE NOTIFICATION FORM

We, the members of the Advisory Committee for _____ certify that this work is ready for defense.*
Student's Name

Academic Advisor (Print) Academic Advisor (Signature) Date

Research Advisor (Print) Research Advisor (Signature) Date

Research Advisor (Print) Research Advisor (Signature) Date

Research Advisor (Print) Research Advisor (Signature) Date

*Signatures signify that you will be present at the Defense. If a member will not be present for the defense, that member must delegate responsibility to a faculty member with the same general background. The member is also required to attach a legible note to this form stating replacement's name and department.



ANNOUNCEMENT INFORMATION

Date: _____ Day: _____ Time: _____

Room: _____ Building: _____

TITLE OF WORK:

This announcement must be in the EVSS Program Office two weeks prior to the defense date.