

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 the defense, that member must delegate re background. The member is also required to name and department. | esponsibility to a faculty member with | h the same general |
| ANNOUNCEMENT INFORMATION | | |
| Date: | Day:Time: | |
| Room:Building | j: | |
| TITLE OF WORK: | | |
| | | |

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