

## MSTC Thesis or Capstone Project: Defense Request Form

Student Information	
Name (Last, First):	_
Student ID Number:	
Semester: fall spring Year:	
Email Address:	
Phone:	
Defense Information	
Proposed Date	
Summer defense dates cannot be guaranteed and are dependent on the availability of comm	ittee members.
Proposed Time of Day (plan for at least 2 hours)	
Alternate Date Alternate Time (Needed in case of conflicts or lack of room availability)	
Title/Description of Thesis/Capstone Project:	
Once the defense is approved, your committee chair will find a room. Please no special needs in terms of audio-visual equipment, access, etc.	ote here any
Special Requests:	
Committee Signatures	
Both your committee chair and your 2 <sup>nd</sup> member must attend the defense. Their indicate their willingness to participate at the defense at one of the dates/times is	
Signature of Committee Chair:	
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Committee Members – be aware that students must submit to you their final draft at least 2 weeks before the defense date.