

DELAWARE STATE UNIVERSITY
GRADUATE STUDIES AND RESEARCH

DEFENSE SCHEDULING FORM*

Candidate's Name: _____ Today's Date: _____

D# _____

Degree Program: _____

Thesis/Dissertation Title: _____

Defense Date: _____

Defense Location: _____

Defense Time: _____

Candidate's Name (Print) (Signature) Date

Committee Chairperson (Print) (Signature) Date

Department Chairperson or Designee (Print) (Signature) Date

Dean, School of Graduate, Adult and Extended Studies or Designee Date

* This form should be submitted a minimum of 4 weeks prior to the candidate's desired thesis/dissertation defense date.
A flyer announcing the upcoming defense can be attached for advertisement purposes.*