

64A – THESIS DEFENSE SCHEDULING FORM

It is verified that the student whose name is given satisfied the minimum requirements for the appointment of a M.Sc. / M.A. Thesis Defense Jury.

Student Information

Id Number: _____ Full Name: _____
First Name Last Name

Program: _____ Entry Year: _____

Proposed Defense Schedule

Date: _____ Building: _____

Time: _____ Room: _____

Thesis Title _____

Thesis Advisor Name _____
First Name Last Name

Date: _____ / _____ / _____ **Signature:** _____

Approval of the Program Coordinator

Title and Name

Signature

Program Coordinator: _____

For Office Use Only

Announcement Date:

Comments:

Date: _____ / _____ / _____ **Signature:** _____