

REQUEST FOR THESIS DEFENSE/PROJECT PRESENTATION (Form GR-3)

Student Identifying Information:

NAME _____ PLEASE PRINT (Last Name, First Name, Middle Initial) Student Number # _____	
ADDRESS _____ Street City/State Zip	
PHONE# _____ (Area Code)	EMAIL _____
PROGRAM: <input type="checkbox"/> Education <input type="checkbox"/> Management <input type="checkbox"/> Environmental Science and Policy <input type="checkbox"/> Social Work	

I have completed all coursework requirements for the Master of Science degree, and I am requesting permission to **SCHEDULE MY** ___ **THESIS DEFENSE** ___ **PROJECT PRESENTATION** on:

_____ in _____ at _____
(Date) (Location) (Time)

The title of my thesis/project is: _____

(List your other committee members on the backside of this form; please include addresses for off-campus members.)

APPROVED

(Major Professor) (Date)

(Interim Dean of Graduate Studies) (Date)