

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

Student Identifying Information:

NAME	_____	_____
	PLEASE PRINT (Last Name, First Name, Middle Initial)	Student Number or Social Security #
ADDRESS	_____	_____
	Street	City/State Zip
PHONE#	_____	EMAIL _____
	(Area Code)	
PROGRAM:	Education	Management
	Environmental Science and Policy	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)

(Director of Graduate Studies) (Date)