

**REQUEST FOR SCHEDULING  
DEFENSE OF THESIS/DISSERTATION DEFENSE**

Student: \_\_\_\_\_ Panther ID #: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date & Time Requested: \_\_\_\_\_

By signing below, the committee members have examined the thesis/dissertation and consider it appropriate for defense.

Faculty Advisor: \_\_\_\_\_

Committee Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Room #: \_\_\_\_\_

Confirmed by: \_\_\_\_\_