

APPENDIX V. Form F

REQUEST FOR SCHEDULING OF THE MS THESIS PRESENTATION

To be submitted to Graduate Coordinator two weeks (14 Days) prior to the presentation date.

Student: _____

Thesis Title: _____

Date & Time Requested: _____

The committee members have examined the thesis and consider it appropriate for presentation.

Major Professor: _____

Committee Members: _____

Room # _____

Confirmed: _____

Note: Please provide a one page abstract of thesis and the name of the professor who will convene the presentation.